

PURCHASE DIVISION  
Advice for approval for credit to supplier

|                                                               |                  |                  |                                                                                                                                                                           |                                                          |                             |             |                  |
|---------------------------------------------------------------|------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------|-------------|------------------|
| Date:                                                         |                  | 29/10/2020       |                                                                                                                                                                           | Prepared by:                                             |                             | NEHA        |                  |
| PO/WO no.                                                     |                  | 71521            |                                                                                                                                                                           | PO / WO Date.                                            |                             | 22/10/2020  |                  |
| Supplier Name                                                 |                  | Vivid world      |                                                                                                                                                                           | PO/WO amount                                             |                             | 271/-       |                  |
| Firm/Company                                                  |                  | SSUP             |                                                                                                                                                                           | Project                                                  |                             | Head office |                  |
| Sl. No.                                                       | Bill No.         | Bill Date        |                                                                                                                                                                           | Bill amount                                              |                             |             |                  |
| 1                                                             | 1852             | 10/10/2020       |                                                                                                                                                                           | 271/-                                                    |                             |             |                  |
| 2                                                             |                  |                  |                                                                                                                                                                           |                                                          |                             |             |                  |
| 3                                                             |                  |                  |                                                                                                                                                                           |                                                          |                             |             |                  |
| 4                                                             |                  |                  |                                                                                                                                                                           |                                                          |                             |             |                  |
| Amount A – Bills total(Excluding Transport & Hamali Charges): |                  |                  |                                                                                                                                                                           |                                                          |                             | 271/-       |                  |
| Sl. No.                                                       | DC No            | DC. Date         | MRN No.                                                                                                                                                                   | DC matches MRN                                           |                             |             |                  |
| 1.                                                            |                  |                  | 84025                                                                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |             |                  |
| 2.                                                            |                  |                  |                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |             |                  |
| 3.                                                            |                  |                  |                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |             |                  |
| Amount B –Other Credits :_Transportation charges              |                  |                  |                                                                                                                                                                           |                                                          |                             |             |                  |
| Amount C –Other Debits :                                      |                  |                  |                                                                                                                                                                           |                                                          |                             |             |                  |
| Amount D (D=A+B-C) – Amount to be credited to the supplier:   |                  |                  |                                                                                                                                                                           |                                                          |                             | 271         |                  |
| Amount E – PO / WO value:                                     |                  |                  |                                                                                                                                                                           |                                                          |                             | 271         |                  |
| Amount F – Difference (A – E): GST-18%                        |                  |                  |                                                                                                                                                                           |                                                          |                             |             |                  |
| Quantity received as per PO /WO                               |                  |                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Excess received <input type="checkbox"/> Short received <input type="checkbox"/> Other (explained below) |                                                          |                             |             |                  |
| Is difference between PO / Bill acceptable?                   |                  |                  | <input type="checkbox"/> Yes <input type="checkbox"/> No (explained below)                                                                                                |                                                          |                             |             |                  |
| Excess / short material received                              |                  |                  | <input checked="" type="checkbox"/> Approved – within acceptable limits <input type="checkbox"/> No (explained below)                                                     |                                                          |                             |             |                  |
| Close PO / W?O                                                |                  |                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – wait for balance material <input type="checkbox"/> No (explained below)                             |                                                          |                             |             |                  |
| Advance paid / PDC given (deduct when paying)                 |                  |                  | <input type="checkbox"/> Yes – Rs. ___/- <input checked="" type="checkbox"/> No                                                                                           |                                                          |                             |             |                  |
| Payment – due date                                            |                  |                  | 02/11/2020                                                                                                                                                                |                                                          |                             |             |                  |
| Remarks:                                                      |                  |                  |                                                                                                                                                                           |                                                          |                             |             |                  |
| Approved by                                                   | Purchase Officer | Purchase Manager | Procurement Manager                                                                                                                                                       | MD                                                       | Accounts – receiver of bill | Accountant  | Accounts Manager |
| Sign:                                                         | 29/10/2020       |                  | MINISH PARIKH                                                                                                                                                             |                                                          |                             |             |                  |
| Date                                                          | Neha             | 29/10            | MANAGER PROCUREMENT                                                                                                                                                       |                                                          |                             |             |                  |

Notes: 1. In case amount to be credited to supplier and the bills total does not match prepare JV for debit or credit. 2. Attach additional sheets if quantity of bills or DCs is more than the space provided. Clearly mark the space provided with 'see attachment'. 3. Purchase Officer can approve Pos/Wos upto Rs. 10,000/-, Purchase Manager or Procurement Manager to approve all bills from 10,000/- to 1,00,000/- . 4. Attach JV, Office copy of PO/WO, DCs and bills to this advice. 5. In Amount A, exclude transport, Hamali charges, etc and instead include in Amount B. 6. To be approved by accounts manager if bill value exceeds Rs. 10,000/- 7. MD to approve all bills above 1,00,000/-

# M/s. VIVID WORLD

A Complete Solution for all your cartridge needs

Flat No. 503, G2 Block, Indu Aranaya Pallavi Apts., Bandlaguda,  
Nagole, Hyderabad – 500 068, Telangana State. Tel : +91-9246215868

GSTIN : 36AVTPS1528D1ZB

## TAX INVOICE

|                                                                                                                                                  |             |                                                                                                                                               |      |                                                                                          |        |                        |      |        |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------------------------------|--------|------------------------|------|--------|-----------------|
| Invoice No. : 1852                                                                                                                               |             |                                                                                                                                               |      | Transport Mode :                                                                         |        |                        |      |        |                 |
| Invoice Date : 10/10/2020                                                                                                                        |             |                                                                                                                                               |      | Vehicle Number :                                                                         |        |                        |      |        |                 |
| Reverse Charge (Y/N) :                                                                                                                           |             |                                                                                                                                               |      | Date of Supply :                                                                         |        |                        |      |        |                 |
| State : TELANGANA                                                                                                                                |             | Code                                                                                                                                          | 36   |                                                                                          |        |                        |      |        |                 |
| Bill to Party                                                                                                                                    |             |                                                                                                                                               |      | Ship to Party                                                                            |        |                        |      |        |                 |
| Address: M/S. SUMMIT SALES LLP,<br>5-4-187/3&4, 2 <sup>ND</sup> FLOOR, SOHAM MANSION,<br>MG ROAD, SECBAD-3.                                      |             |                                                                                                                                               |      | GATE PASS NO: 2192                                                                       |        |                        |      |        |                 |
| GST: 36ACQFS2044C1Z7.                                                                                                                            |             |                                                                                                                                               |      | GSTIN :                                                                                  |        |                        |      |        |                 |
| State : TELANGANA                                                                                                                                |             | Co<br>de                                                                                                                                      |      | State :                                                                                  |        | Code                   |      |        |                 |
| Product Description                                                                                                                              | HSN<br>Code | U<br>O<br>M                                                                                                                                   | Qty. | Rate                                                                                     | Amount | TAXABLE<br>VALUE       | CGST | SGST   | TOTAL           |
|                                                                                                                                                  |             |                                                                                                                                               |      |                                                                                          |        |                        | RATE | AMT    |                 |
|                                                                                                                                                  |             |                                                                                                                                               |      |                                                                                          |        |                        |      | RATE   | AMT             |
| HP 12A LASER TONER REFILLING                                                                                                                     | 3707        |                                                                                                                                               | 01   | 230.00                                                                                   | 230.00 | 41.40                  | 9%   | 20.70  | 9% 20.70 271.40 |
| <div><div>INWARD</div><div>Inward No: 564 Dt: 10/10/20</div><div>MRN No: Dt:</div><div>Received By: Sign: </div><div>MODI PROPERTIES</div></div> |             |                                                                                                                                               |      |                                                                                          |        |                        |      |        |                 |
|                                                                                                                                                  |             |                                                                                                                                               |      |                                                                                          |        |                        |      |        |                 |
|                                                                                                                                                  |             |                                                                                                                                               |      |                                                                                          |        |                        |      |        |                 |
|                                                                                                                                                  |             |                                                                                                                                               |      |                                                                                          |        |                        |      |        |                 |
|                                                                                                                                                  |             |                                                                                                                                               |      |                                                                                          |        |                        |      |        |                 |
|                                                                                                                                                  |             |                                                                                                                                               |      |                                                                                          | 230.00 | 41.40                  |      |        | 271.40          |
|                                                                                                                                                  |             |                                                                                                                                               |      |                                                                                          |        |                        |      | 230.00 |                 |
| RS. TWO HUNDRED SEVENTY ONE AND TWENTY PAISE ONLY<br>(RS.271.40)                                                                                 |             |                                                                                                                                               |      |                                                                                          |        | ADD :CGST 9%           |      | 20.70  |                 |
|                                                                                                                                                  |             |                                                                                                                                               |      |                                                                                          |        | ADD: SGST 9%           |      | 20.70  |                 |
|                                                                                                                                                  |             |                                                                                                                                               |      |                                                                                          |        | Total Amount After Tax |      | 271.40 |                 |
|                                                                                                                                                  |             |                                                                                                                                               |      |                                                                                          |        | GST on Reverse Charge  |      |        |                 |
| Bank Details                                                                                                                                     |             | <div><div>INWARD</div><div>No: 70358</div><div>Date: 22/10</div><div>Sign: </div><div>MODI PROPERTIES PVT. LTD.</div><div>SEC'BAD</div></div> |      | Certified that the particulars given above are true and correct                          |        |                        |      |        |                 |
| Bank Name : INDIAN BANK                                                                                                                          |             |                                                                                                                                               |      | <div><div>For VIVID WORLD</div><div>Hyderabad</div><div>Authorized Signatory</div></div> |        |                        |      |        |                 |
| Branch : Narayanguda Branch                                                                                                                      |             |                                                                                                                                               |      |                                                                                          |        |                        |      |        |                 |
| Bank A/C : 406746378                                                                                                                             |             |                                                                                                                                               |      |                                                                                          |        |                        |      |        |                 |
| Bank IFSC : IDIB000N015                                                                                                                          |             | Common Seal                                                                                                                                   |      |                                                                                          |        |                        |      |        |                 |

# Purchase Order



71521

20.10.20 3:54:09

Page(s) 1 Of 1

28-10-2020 10:31:52

From Company : **Summit Sales LLP**  
5-4-187/3&4, II nd floor, MG Road, Secunderabad-500003.  
G S T No. : 36ACQFS2044C1Z7

**Supplier Details**

Vivid World  
204, Kubera Towers, Narayanaguda, Hyderabad.

**GSTIN** 36AVTPS1528D1ZB

6682-3161/ 6682-3171

92462-15868

|                   |            |       |
|-------------------|------------|-------|
| <b>Doc No</b>     | 71521      | 16594 |
| <b>Doc Date</b>   | 22-10-2020 |       |
| <b>Quote No</b>   | Nil        |       |
| <b>Quote Date</b> | 22-10-2020 |       |
| <b>SupplyType</b> | Supply     |       |

**Kind Attn : Mr. Vishal**

Purchase Order for the Supply of following Items.

| Item Name                                                    | Qty  | Rate   | Dis% | GST   | Amount        |
|--------------------------------------------------------------|------|--------|------|-------|---------------|
| 1 3523 - Computers and Peripherals - Toner refill - NA - nos | 1.00 | 230.00 | 0.00 | 18.00 | 271.40        |
| <b>Total Order Value . . .</b>                               |      |        |      |       | <b>271.40</b> |

Rupees : Two Hundred Seventy One and Paise Fourty Only.

**Terms and Conditions :-**

|                          |                                                                                                   |
|--------------------------|---------------------------------------------------------------------------------------------------|
| <b>Specification /</b>   | As per details given in the quotation                                                             |
| <b>Payment Terms</b>     | After Delivery & Production of bill                                                               |
| <b>Tax</b>               | All taxes included in above price.                                                                |
| <b>Delivery Date</b>     | Same Day                                                                                          |
| <b>Delivery Location</b> | Head Office<br>5-4-187/3 & 4, II nd Floor, M.G.Road, Secunderabad - 500003<br>Phone. 040-66335551 |
| <b>Penalty For Delay</b> | Nil                                                                                               |
| <b>Transportation</b>    | Included in the above price.                                                                      |
| <b>Warranty</b>          | Nil                                                                                               |
| <b>Advance Paid</b>      | Nil                                                                                               |
| <b>Other Terms</b>       | We reserve the right items not conforming to quality and specifications. Above order for printer  |
| <b>Completion Date</b>   | Nil                                                                                               |
| <b>Measurment</b>        | Nil                                                                                               |
| <b>Security</b>          | Nil                                                                                               |
| <b>Remarks</b>           |                                                                                                   |

For **Summit Sales LLP**

Authorised Signatory

Accepted the above Terms And Conditions

For **Vivid World**

Name : \_\_\_\_\_

Name : \_\_\_\_\_

Date : \_\_/\_\_/\_\_

Contact : -

### Requisition Form

| Company Name:                  |                      | Summit sales LLP |          | Date:        |           | 10-10-20 |       |
|--------------------------------|----------------------|------------------|----------|--------------|-----------|----------|-------|
| Site & Phase :                 |                      | Head office      |          | Time:        |           |          |       |
| Supplier                       |                      |                  |          | Req. No.     |           | 16594    |       |
| Material required before date: |                      |                  |          |              | ID No.    |          | 60816 |
| No                             | Description          | Size             | Quantity | Units        | Inward No | Date     |       |
| 1                              | 12 A Toner refilling |                  | 1        | No           |           |          |       |
| 2                              |                      |                  |          |              |           |          |       |
| 3                              |                      |                  |          |              |           |          |       |
| 4                              |                      |                  |          |              |           |          |       |
| 5                              |                      |                  |          |              |           |          |       |
| 6                              |                      |                  |          |              |           |          |       |
| 7                              |                      |                  |          |              |           |          |       |
| 8                              |                      |                  |          |              |           |          |       |
| 9                              |                      |                  |          |              |           |          |       |
| 10                             |                      |                  |          |              |           |          |       |
| Remarks: This is purchase Dept |                      |                  |          |              |           |          |       |
| Prepared By                    |                      | K. Suneel        |          | Approved by  |           |          |       |
| Sign. & Date                   |                      | 10-10-20         |          | Sign. & Date |           |          |       |

Note: On receipt of material at site write inward number and date in last 2 columns.

### Requisition Form

| Company Name:                  |             |      |          | Date:        |           |      |  |
|--------------------------------|-------------|------|----------|--------------|-----------|------|--|
| Site & Phase :                 |             |      |          | Time:        |           |      |  |
| Supplier                       |             |      |          | Req. No.     |           |      |  |
| Material required before date: |             |      |          |              | ID No.    |      |  |
| No                             | Description | Size | Quantity | Units        | Inward No | Date |  |
| 1                              |             |      |          |              |           |      |  |
| 2                              |             |      |          |              |           |      |  |
| 3                              |             |      |          |              |           |      |  |
| 4                              |             |      |          |              |           |      |  |
| 5                              |             |      |          |              |           |      |  |
| 6                              |             |      |          |              |           |      |  |
| 7                              |             |      |          |              |           |      |  |
| 8                              |             |      |          |              |           |      |  |
| 9                              |             |      |          |              |           |      |  |
| 10                             |             |      |          |              |           |      |  |
| Remarks:                       |             |      |          |              |           |      |  |
| Prepared By                    |             |      |          | Approved by  |           |      |  |
| Sign. & Date                   |             |      |          | Sign. & Date |           |      |  |

Note: On receipt of material at site write inward number and date in last 2 columns.