PURCHASE DIVISION Advice for approval for credit to supplier

Date:	Date: 29 10 2020				Prepared	t by:		NEHA			
PO/WO no					PO / WO	PO / WO Date.		7/10/20			
Supplier N	pplier Name Vivid world					PO/WO	amount		1581-20	1_	
Firm/Comp	oany		mit d	1	110	Project				Head Off	
Sl. No.		Bill No.	mit (Dales		Bill Date	9		Bill amount		
1		184	Q			7/1	0/2	ກ	1581.20		
2		, ,							1331.20		
3											
4											
Amount A	– Bills t	total(Exclud	ling Transpo	ort & Han	nali Charg	ges):			1581.20		
Sl. No.	DC No	0		DC. Date			MRN	No.	DC matches MI		
1.							84025	84557			
2.									□ Yes □ No		
3.									□ Yes □ No		
Amount B	-Other	Credits : Tr	ansportation	charges					_		
Amount C	-Other	Debits:							_		
Amount D	(D=A+)	B-C) – Amo	ount to be cr	edited to	the suppli	ier:			1581.20	1_	
Amount E	- PO / V	WO value:							1581.20		
Amount F	– Differ	ence (A – E	(): GST-18%	ó					_	s	
Quantity re	ceived a	as per PO /V	WO		Yes 🗆	Excess re	ceived	□ Short received	d □ Other (explain	ned below)	
Is difference	e betwe	en PO / Bil	l acceptable	?	□ Yes □	No (expla	nined be	elow)			
Excess / sh	ort mate	erial receive	d		-Appre	oved - wit	hin acce	eptable limits 🗆	No (explained be	low)	
Close PO /	W?O				Yes 🗆	No – wai	for bal	ance material	No (explained be	elow)	
Advance p	aid / PD	C given (de	duct when I	paying)	□ Yes –	Rs. /	- No				
Payment -	due dat	e			02/11	20					
Remarks:											
				,	\						
Approve	ed	Purchase Officer	Purcha: Manag	se P er Al	Manager Manager		M D	Accounts – receiver of bill	Accountant	Accounts Manager	
Sign:	J	(200)	psi	0	1 NOV	2020					
Date		29 20	301	MIN	VISH PA	ARIKH UREMENT			for debit or credi	t 2 Attach	

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

71520

GSTIN: 36AVTPS1528D1ZB

			TP	XX IN	IOVI	CE					
Invoice No.: 1848						Transport Mode:					
Invoice Date : 07/10/2020					Vehicle	Vehicle Number :					
Reverse Charge (Y/N):					Date o	of Supply:					
State : TELANGANA	Cod	е	3	36							
Bill to Party			3			4		Ship to I	Party		
Address: M/S. SUMMIT SALES LLP, 5-4-187/3&4, 2 ND FLOOR, SOHAM MA MG ROAD, SECBAD-3.	NSION,				GATE	PASS NO: 22	187				
GST: 36ACQFS2044C1Z7.					GSTIN	:					
State : TELANGANA			Co de		State :						Code
Product Description	HSN Code	U O M	Qty	Rate	Amount	TAXABLE VALUE	CGST	Г		SGST	TOTAL
		141					RATE	AMT	RATE	AMT	
HP 88A LASER TONER REFILLING	3707		02	230.00	460.00	82.80	9%	41.40	9%	41.40	542.80
HP 12A LASER TONER REFILLING	3707		01	230.00	230.00	41.40	9%	20.70	9%	20.70	271.40
HP 12A / 88A LASER TONER DRUM	8443		02	325.00	650.00	117.00	9%	58.50	9%	58.50	767.00
RS. ONE THOUSAND FIVE HUNDRED EIGH ONLY. (RS.1581.20.)	RTIES			NEV PAISE INWARD 70350	1340.00	241.20 ADD: CGST 9% ADD: SGST 9%					1581.20 1340.00 120.60 120.60
5	e/		ON THE	SEC'BAS		Total Amount A	e Charge	(a) I		to are true a	1581.20
Bank Details Bank Name : INDIAN BANk Branch : Narayanguda Branch Bank A/C : 406746378				0		Cer	uried that t	For VIV	OW OF	BAD	nu conect
Bank IFSC : IDIB000N015			Comm	on Seal		The state of the s	al.	*	No		

28-10-2020 10:31:52

71520

20.10.20 3:54:09

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		Doc No	71520	16592	
204, Kubera Towers, Narayan	aguda, Hyderabad.	Doc Date 07-10-2020			
		Quote No	Nil		
GSTIN 36AVTPS1528D1ZB		Quote Date	07-10-2020		
6682-3161/6682-3171 92462-15868		SupplyType Suppl			

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 88A	2.00	230.00	0.00	18.00	542.80
2 3523 - Computers and Peripherals - Toner refill - NA - nos 12A	1.00	230.00	0.00	18.00	271.40
3 3522 - Computers and Peripherals - Toner drum - NA - nos 2	2.00	325.00	0.00	18.00	767.00
		Total Or	der Value	e	1,581.20

Terms and Conditions :-

Specification / As per details given in the quotation

Payment Terms After Delivery & Production of bill

Tax All taxes included in above price.

Delivery Date Same Day

Delivery Location Head Office

5-4-187/3 & 4, II nd Floor, M.G.Road, Secunderabad - 500003

Phone. 040-66335551

Penality For Delay Nil

Transportation Included in the above price.

Warranty Ni

Advance Paid Nil

Other Terms We reserve the right items not conforming to quality and specifications. Above order for printer

Completion Date Nil
Measurment Nil
Security Nil

Remarks

For	Summit	Sales	LLP

Authorised Signatory

Accepted the above Terms And Conditions

For Vivid World

Name : ______ Date : ______

Contact - -

Requisition Form

Cóm	pany Name:	Summit sales LLP		Date:		07-10-20		
Site	& Phase:	Head office		Time:				
Supp	lier			Req. No.		16592		
Mate	rial required before date	:		ID No.		60814		
No	Descri	iption	Size	Quanti	ity Units	Inward No	Date	
1	12 A Toner refilling			1	No			
2	88A Toner Refilling			1	No			
3	12A Toner Drum		2	0 2	Nos			
4			115					
5		P.	1157					
6		,						
7								
8								
9								
10								
Rema	arks: This is purchase &	c CR Dept						
Prepa	ared 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 Na	ome:	Requis	Date:					
Site & Phase		Time:						
Supplier		Req. No.						
Material requ	uired 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	Sign. & Date				

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