PURCHASE DIVISION Advice for approval for credit to supplier

Date:		20/10	1/20			Prepare	d by:		NEI	IA	
PO/WO no.						PO/W	O Date.				
Supplier Na	me	7152			····	PO/WC	amount	10/10/20			
Firm/Comp	any	_	work	Λ		<u> </u>			654.90	<i>l</i> —	
Sl. No.		G.V. G. Bill No.	eserc	h Cen	Project Pd - Hd Bill Date				Head office		
						Bill Da	ie		Bill amount		
1		853				10	10/20)	654.90	1	
2		: 							1004-10		
3									 		
4									 		
Amount A	- Bills 1	otal(Exclud	ing Transp	ort & Har	nali Char	res):			 /		
SI. No.	DC No			DC. Date			MRN	XI.	654.90		
1.					<u> </u>				DC matches M	RN	
2.							84025	84561	≠Yes □ No		
	·····							·	□ Yes □ No		
3.				,					□ Yes □ No		
Amount B -	-Other	Credits :_Tra	nsportatio	n charges			_}.				
Amount C-	Other	Debits:					,	···			
Amount D (D=A+1	B-C) – Amo	unt to be o	redited to	the suppl	ier:		W.I			
Amount E -			4					· · · · · · · · · · · · · · · · · · ·	654.91	2/-	
Amount F -	Differ	ence (A – E): GST-18	%		· · · · · · · · · · · · · · · · · · ·			654.90	1-	
Quantity red					-lv	T					
Is difference				.0	Yes Excess received Short received Other (explained below)						
				e?	☐ Yes ☐ No (explained below) ☐ Approved — within acceptable limits ☐ No (explained below)						
Excess / sho		riai receive	1		□-Appre	ved – wi	thin acce	ptable limits 🗆	No (explained b	elow)	
Close PO /					√Yes □	No – wa	t for bala	nce material c	No (explained b	elow)	
Advance pa	id/PD	C given (de	duct when	paying)	□ Yes –	Rs.	/- \(\forall \) No				
Payment - c	lue date)		***	001					······································	
Remarks:	•	···			Ual	10/20					
							······································				
Approved	1	Purchase	Purcha	I D	1		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
by		Officer	Manag		ochremen Market		M D 7	Accounts - receiver of	Accountant	Accounts	
Sign:	- .	.0	128S		Δ.		 	bill		Manager	
Date	- de	sell :	1	- - `	1 NOV	<u> 2020 </u>	<u> </u>				
otes: 1 In ca	se ema	29/10	24/10	MI	NISH P	ARIKH					

Notes: 1. In case amount to be credited to supp in AMAGER BRIGGER More 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

71522

GSTIN: 36AVTPS1528D1ZB

		,	ΓA	X IN	VOIC	Έ					
Invoice No.: 1853					Transpo	rt Mode :					
Ínvoice Date : 10/10/2020	,				Vehicle	Number:					
Reverse Charge (Y/N):					Date of	Supply:					
State: TELANGANA	Code	-	36	5							
Bill to Party	v							Ship to P	arty		
Address: M/S. GV RESEARCH CENTRE 5-4-187/3&4, 2 ND FLOOR, SOHAM M MG ROAD, SECBAD-3.					GATE PA	ASS NO: 21	.92				
GST: 36AAHCG4562D1ZP.					GSTIN:						
State: TELANGANA			Co de		State :						Code
Product Description	HSN Code	U O M	Qty.	Rate	Amount	TAXABLE VALUE	CGST		8	GST	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
HP 12A LASER TONER DRUM	8443		01	325.00	325.00	58.50	9%	29.25	9%	29.25	383.50
INWA Inward No: 563 MRN No: Received By: MODI PRO	Di: V			CRY	555.00	99.90					654.90 555.00
RS. SIX HUNDRED FIFTY FOUR AND N	NINTY PAISE	ON	LX	SPEET!	100	ADD:CGST	9%				49.95
(RS.654.90)			(a)	NOTES OF		ADD: SGST 9	9%				49.95
		,				Total Amount					654.90
			111	SEC'BA		1	_			•	
Bank Details							ertified tha	t the partient	P WASA ST	Dave are tru	e and correct
Bank Name : INDIAN BANk									IVID W		
Branch : Narayanguda Branch		\subseteq	λ					II Hy	acylatec		
Bank A/C : 406746378)V					March .	us harin	mater	
Bank IFSC : IDIB000N015			Comi	mon Seal		1		Lange	VanaCl	100 J	
Bank Details Bank Name : INDIAN BANk Branch : Narayanguda Branch Bank A/C : 406746378	NINTY PAISE	ON	Nace of the second	INWARD No. 103 L Date 22 L Sept.	O O O O O O O O O O O O O O O O O O O	ADD: SGST S Total Amount GST on Reve	9% t After Tax		ivid W	are tru	49.95 49.95

Purchase Order

P ((s) 1	Of 1
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28-10-2020 10:31:52

71522 20.10.20 3:54:09

From Company: G V Reserch Centers Pvt Ltd

5-4-187/384, II nd Floor, Soham Mansion, MG Road, Secunderabad-

G S T No.: 36AAHCG4562D1ZP

Supplier Details 71522 16593 Doc No Vivid World 204, Kubera Towers, Narayanaguda, Hyderabad. 10-10-2020 **Doc Date Quote No** Nil Quote Date 10-10-2020 GSTIN 36AVTPS1528D1ZB SupplyType Supply 92462-15868 6682-3161/6682-3171

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
2 3522 - Computers and Peripherals - Toner drum - NA - nos	1.00	325.00	0.00	18.00	383.50
		Total O	rder Valu	e	654.90

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

Nil

Advance Paid

Nii

Other Terms

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

Completion Date

Nil

Measurment Security Nil Nil

Remarks

ог	G V	Reserch	Centers	Pvt	Ltd

Authorised Signatory

Accepted the above Terms And Conditions

For Vivid World

Name :	Name :	Date ://

Contact -

	₱ this.										
		Requisition Form					Т				
Nama and	y Name:	GVRC		_	Date:			10-10-2020			
		Head Off	fice		Time:						
te & P					Req. 1	No.		16593			
ıpplier					ID No),		60815			
aterial	required before date:				1	Quantity	Units	Inward No	Date		
0	Desc	cription		<u></u>	Size		No				
-	2A toner Refilling			<u> </u>		1	No				
1	2A toner drum		 -	2		11	No				
2 1	ZA toner drain		,6	7			<u> </u>				
3			- X	\ <u> </u>			<u> </u>		<u> </u>		
4			00'	 							
5				+	····		T-		<u> </u>		
6				_					<u> </u>		
7				-}			1				
8									T		
9											
10	arks: This is for Praveer	n printer									
<u> </u>		Sune	el		Ap	proved by					
Prep	ared By					gn. & Date					
01	9- Thata	10-10-2020									

Sign. & Date

10-10-2020

Sign. & Date

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