PURCHASE DIVISION Advice for approval for credit to supplier

Date:	05	111/20	The state of the s	1	Prepared	by:		NEI	HA			
PO/WO no				1	PO / WO Date.			9/10/20				
Cumplier Name		1., 8	SGI	PO/WO amount			4,200/-					
Firm/Comp	any	as Sovrit	<i>y</i>	1 10	Project							
Sl. No.	Bill No).			Bill Date	;		Bill amount				
1	100	6			28/1	0/20		4,200	<i>l</i> —			
2								,				
3												
4							0					
Amount A	- Bills total(Exc	luding Transpor	t & Ha	mali Charges	s):			4,200/				
Si. No.	DC No	D	C. Dat	e		MRN	No.	DC matches M	The second secon			
1.						84	757	□ Yes □ No				
2.								□ Yes □ No				
3.								□ Yes □ No				
Amount B -	Other Credits:	Transportation of	charges					_				
Amount C -	Other Debits:											
Amount D (D=A+B-C) - A	mount to be cree	dited to	the supplier	:			4,2001				
Amount E -	PO / WO vaiu	:		***************************************			-	4,200/				
Amount F -	Difference (A	- E): GST-18%						717001				
Quantity rec	eived as per PC	/WO		Ø Yes □ Ex	xcess rec	eived [Short received	Other (explain	ned below)			
Is difference	between PO /	Bill acceptable?		- Yes N	o (expla	ned bel	ow)					
Excess / sho	rt material rece	ved		□ Approve	Approved - within acceptable limits □ No (explained below)							
Close PO/	W?O	N		Yes a No	Yes □ No - wait for balance material □ No (explained below)							
Advance pai	d / PDC given	deduct when pa	ying)	□ Yes - Rs	. /-	ø No						
Payment - d	ue date			06/11/2	-0							
Remarks:				La participa de la composição de la comp								
Approved by	Purchase Officer	Purchase Manager		rocurement Manager	М	D	Accounts – receiver of bill	Accountant	Accounts Manager			
Sign:	Kenthi	h				200						
Date	05/	" 511						Ti di				

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/-

Tax Invoice

Invoice No.

(ORIGINAL FOR RECIPIENT)

Dated

	4-4-84, Mahankali Street				1006/20-21			28-	28-Oct-2020				
GS	Ranigunj Secunderabad 500 003 GSTIN/UIN: 36AAMFA1505E1ZX State Name: Telangana, Code: 36				Delivery Note				Mode/Terms of Payment				
E-I	Mail: atlassecuritysafety@gmail.com	Supplier's Ref.				Oth	Other Reference(s)						
	mmit Sales LLP			Buye	er's Ord	er No		Dat	ted				
	4-187/3&4,II Nd Floor, M.G.Road, Secu	ınderab	ad	711	72/168	032		9-0	9-Oct-2020				
7.000	-500003.					Despatch Document No.				Delivery Note Date			
GS	STIN/UIN : 36ACQFS2044C1Z7								,				
	ate Name : Telangana, Code : 36	Desr	patched	throu	ıah	Des	Destination						
Bu	yer (if other than consignee)			200			-9	00.	ounation.				
	mmit Sales LLP			Torr	ns of De	livon							
-50 GS	4-187/3&4,II Nd Floor, M.G.Road, Secu 20003. STIN/UIN : 36ACQFS2044C1Z7 ate Name : Telangana, Code : 36		ad	Tem	13 01 00	мегу							
SI	Description of Goods	HSN/S	SAC	GST	Quan	tity	Rate	per	Disc. %		Amount		
No.	/			Rate		_							
COL PRO	SGST CGST										225.00 225.00		
1	SECTION	the section	=-:	-	Ce	rtifi	ed by:	1	1				
	INWARD		. 1		C	,1111	cc. cj.	X					
	Inward No: 15155 Dt: 36	11019	20				/	1	1				
	RN No: 84757 Dt:02 Received By: Sign:	81	A		-Stor	es N	Manag	er					
	SUMMIT SALES LL	P	1	Frayener	Colors - March 1980	THE PERSON NAMED IN	Charles Brown	The state of the s	=1				
-	Total				5	No				₹	4,200.00		
Am	ount Chargeable (in words)								1		E. & O.E		
	dian Rupees Four Thousand Two Hu	ındred	Only										
	HSN/SAC		Taxal	ble		tral T			ate Tax		Total		
			Valu		Rate		ount	Rate	Amoun		Tax Amount		
300	065000			50.00	6%		225.00	6%	225	-	450.00		
		Total	3,75	50.00			225.00		225	.00	450.00		

Tax Amount (in words): Indian Rupees Four Hundred Fifty Only

: 36850234809

: AAMFA1505E

Company's Bank Details

Bank Name

: Kotak Mahindra Bank (0554 218 0000 100)

: 05542180000100 A/c No. : CST:SEC/09/01/3201/05-06

Branch & IFS Code: S.D.Road & KKBK000055

for Atlas Security & Safety Inc

Declaration

Company's VAT TIN

Company's CST No.

Company's PAN

Atlas Security & Safety Inc

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

Purchase Order

Page(s) 1 Of 1

09-10-2020 5:46:26 PM

08.10.20 5:21:49

From Company:

Summit Sales LLP

5-4-187/3&4,II nd floor,MG Road, Secunderabad-500003.

G S T No.: 36ACQFS2044C1Z7

Supplier Details				
Atlas Security & Safety Inc		Doc No	71172	168032
#4-4-84, Mahankali Street, I	Doc Date	09-10-2020		
		Quote No	Nil	
GSTIN 36AAMFA1505E1ZX		Quote Date	09-10-202	20
040 - 66333053	9705227773	SupplyType	Supply	

Kind Attn: Mr. Hasnain Khorakiwala

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 4028 - Consumables - First -Aid Kit - NA - boxes	5.00	750.00	0.00	12.00	4,200.00
		Total Or	der Value	e	4,200.00

Terms and Conditions :-

Specification / Brand As per details given in the quotation.

Payment Terms

After Delivery & Production of bill

Tax

Inclusive of all taxes

Delivery Date

Next Day.

Delivery Location

Summit Housing LLP

Cherlapally, Behind Kingston PG college, Hyderabad

Phone. 9618244433, Hamendra, 9502266233, Mahesh.

Penality For Delay

Transportation Cost

Transport cost shall be borne by us.

Warranty

Nil

Advance Paid

Nil

Other Terms

We reserve the right to reject items not conforming to quality and specifications. Above order for Stock use purpose.

Completion Date

Nil Nil

Measurment Security

Nil

Remarks

For Summit Sales LLP Authorised Signatory

Accepted the above Terms And Conditions

For Atlas Security & Safety Inc

Date : __/__/_

Requisition Form

			1131110111					
Company Name: SSLLP			Date:			7.10.2020		
Site & Phase : SHLLP			Time			15.00		
Supplier			Req.	No.		168032		
Material required before date:			ID No	Э.		605896		
No Description			ize	Quantity	Units	Inward No	Date	
GOVA ROPES		~		20 -	NOS			
2 GI BUCKETS	GI BUCKETS			36 -	NOS			
3 BLUE SHEET				10 -	NOS			
4 BLUE SHEET	BLUE SHEET			10 _	NOS			
5 LABOUR HELI	LABOUR HELMETS		ALE	100 _	NOS			
LABOUR HELM	TR HELMETS 31144		IALE	100 -	NOS			
STAFF HELME	STAFF HELMETS		HITE	10 -	NOS			
PVC BUCKET WITH MUG				10 _	_ NOS			
DUST PAN				20 _	_ NOS			
COB WEB STIC	CK .	40		10 -	- NOS			
BOMBAY BRO	BOMBAY BROOMS			50	NOS			
FIRST AID KIT				5 -	NOS			
13 ACID		432		60 -	- NOS			
DOOR MAT- C	LOTH '			25 —	- NOS			
GREY -DOOR I	GREY -DOOR MATS		X2'	8	NOS	/	1	
						V	A /	
Remarks:FOR STOC	K AND SITE PURPO	OSE				DESCHIE	020	
Prepared By SOWMYA		A	Appro	eved by		Was 11 5050		
Sign & Date 7.10.2020			Sign	Sign. & Date				

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