PURCHASE DIVISION
Advice for approval for credit to supplier

| | | | |
|---|---|---|---|
| Date: | 07/11/20 | Prepared by: | NEHA.C |
| PO/WO no. | 71255 | PO / WO Date. | 13/10/20 |
| Supplier Name | Praful Sanitary | PO/WO amount | 7646/- |
| Firm/Company | Modi properties Pvt Ltd | Project | Head office |
| Sl. No. | Bill No. | Bill Date | Bill amount |
| 1 | 464 | 28/10/20 | 7646/- |
| 2 | | | |
| 3 | | | |
| 4 | | | |

Amount A – Bills total(Excluding Transport & Hamali Charges): 7646/-

| Sl. No. | DC No | DC. Date | MRN No. | DC matches MRN |
|---|---|---|---|---|
| 1. | | | | ☑ Yes ☐ No |
| 2. | | | | ☐ Yes ☐ No |
| 3. | | | | ☐ Yes ☐ No |

| | |
|---|---|
| Amount B – Other Credits : Transportation charges | – |
| Amount C – Other Debits : | – |
| Amount D (D=A+B-C) – Amount to be credited to the supplier: | 7646/- |
| Amount E – PO / WO value: | 7646/- |
| Amount F – Difference (A – E): GST-18% | – |

| | |
|---|---|
| Quantity received as per PO /WO | ☑ Yes ☐ Excess received ☐ Short received ☐ Other (explained below) |
| Is difference between PO / Bill acceptable? | ~~☐ Yes ☐ No (explained below)~~ |
| Excess / short material received | ~~☐ Approved – within acceptable limits ☐ No (explained below)~~ |
| Close PO / W?O | ☑ Yes ☐ No – wait for balance material ☐ No (explained below) |
| Advance paid / PDC given (deduct when paying) | ☐ Yes – Rs. /- ☑ No |
| Payment – due date | 13/11/20 |
| Remarks: | |

| Approved by | Purchase Officer | Purchase Manager | Procurement Manager | MD | Accounts – receiver of bill | Accountant | Accounts Manager |
|---|---|---|---|---|---|---|---|
| Sign: | Karthik | [signature] | APPROVED 09 NOV 2020 MINISH PARIKH MANAGER PROCUREMENT | | | | |
| Date | 07/11 | 9/11 | | | | | |

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/-

# GST INVOICE

(ORIGINAL FOR RECIPIENT)

**Praful Sanitary**
3-6-429/6,SRI SAI TOWER,
St.No.4 HIMAYAT NAGAR
HYDERABAD
GSTIN/UIN: 36ACWPG4864A1ZG
State Name : Telangana, Code : 36
E-Mail : prafulsanitary@gmail.com

| | |
|---|---|
| Invoice No. **PS/20-21/ 464** | Dated **28-Oct-2020** |
| Delivery Note **Invoice** | |
| Supplier's Ref. | Other Reference(s) **Credit** |
| Buyer's Order No. **71255** | Dated **13-Oct-2020** |
| Despatch Document No. **Invoice** | Delivery Note Date **28-Oct-2020** |
| Despatched through **Self** | Destination **Head Office** |

Buyer
**Modi Properties Private Limited**
5-4-187/3 & 4, IInd Floor, M.G. Road
Secunderabad
GSTIN/UIN : 36AABCM4761E1ZM
State Name : Telangana, Code : 36

| Sl No. | Description of Goods and Services | HSN/SAC | GST Rate | Quantity | Rate | per | Disc. % | Amount |
|---|---|---|---|---|---|---|---|---|
| 1 | **Cascade Seat Cover (Ivory)** | 3922 | 18 % | **10 No:** | 900.00 | No: | 28 % | **6,480.00** |
| | ***Output CGST*** | | | | | | | **583.20** |
| | ***Output SGST*** | | | | | | | **583.20** |
| | *Less :* ***ROUNDING OFF*** | | | | | | | **(-)0.40** |
| | Total | | | **10 No:** | | | | **₹ 7,646.00** |

Amount Chargeable (in words)
**Indian Rupees Seven Thousand Six Hundred Forty Six Only**

*E. & O.E*

| HSN/SAC | Taxable Value | Central Tax Rate | Central Tax Amount | State Tax Rate | State Tax Amount | Total Tax Amount |
|---|---|---|---|---|---|---|
| 3922<br>99 | 6,480.00 | 9%<br>9% | 583.20 | 9%<br>9% | 583.20 | 1,166.40 |
| Total | **6,480.00** | | **583.20** | | **583.20** | **1,166.40** |

Tax Amount (in words) : **Indian Rupees One Thousand One Hundred Sixty Six and Forty paise Only**

Company's PAN : **ACWPG4864A**

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

**for Praful Sanitary**

Authorised Signatory

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice

MODI PROPERTIES PVT. LTD. SEC'BAD
INWARD
No. 70710
Date 02/11
Sign. Neha

# Purchase Order

 13-10-2020 3:53:44 PM

71255
10.10.20 12:26:27

From Company : **Modi Properties Pvt.Ltd.**
5-4-187/3 & 4, IInd Floor, M.G.Road, Secunderabad - 500003
G S T No. : 36AABCM4761E1ZM

**Supplier Details**

Praful Sanitary
3-6-138/5, Himayat Nagar, Hyderabad.

**GSTIN** 36ACWPG864A1ZG 40077300
65526886. 9849624797

| | | |
|---|---|---|
| **Doc No** | 71255 | 16566 |
| **Doc Date** | 13-10-2020 | |
| **Quote No** | Nil | |
| **Quote Date** | 13-10-2020 | |
| **SupplyType** | Supply | |

**Kind Attn : Mr. Ashish Gupta**

Purchase Order for the Supply of following Items.

| | Item Name | Qty | Rate | Dis% | GST | Amount |
|---|---|---|---|---|---|---|
| 1 | 7309 - Plumbing - sanitary - Seat Cover - NA - nos | 10.00 | 900.00 | 28.00 | 18.00 | 7,646.40 |
| | | | | | **Total Order Value . . .** | **7,646.40** |

Rupees : Seven Thousand Six Hundred Fourty Six and Paise Fourty Only.

Terms and Conditions :-

| | |
|---|---|
| **Specification / Brand** | All items shall be of 'Hindware' brand |
| **Payment Terms** | After Delivery & Production of bill |
| **Tax** | GST included in above price. |
| **Delivery Date** | Within 7 days |
| **Delivery Location** | Head Office<br>5-4-187/3 & 4, II nd Floor, M.G.Road, Secunderabad - 500003<br>Phone. 040-66335551 |
| **Penality For Delay** | Nil |
| **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 fo Ramkey CP sanitare purpose |
| **Completion Date** | Nil |
| **Measurment** | Nil |
| **Security** | Nil |
| **Remarks** | |

For *Modi Properties Pvt.Ltd.*
Authorised Signatory

Name : ____________

Accepted the above Terms And Conditions
For *Praful Sanitary*

Name : ____________

Date : __/__/____

# Requisition Form

| | | | |
|---|---|---|---|
| Company Name: | MPPL | Date: | 09-10-2020 |
| Site & Phase : | HEAD OFFICE | Time: | 5:30 PM |
| Supplier | | Req. No. | 16566 |
| Material required before date: | Urgent | ID No. | 60665 |

| No | Description | Size | Quantity | Units | Inward No | Date |
|---|---|---|---|---|---|---|
| 1 | Pillar cock (Jaquar) Standard | STD | 14 | NOS | | |
| 2 | PVC connect | STD | 8 | NOS | | |
| 3 | WC seat covers 71251 | STD | 10 | NOS | | |
| 4 | Healthpha set 71255 | STD | 10 | NOS | | |
| 5 | Waste pipe | STD | 10 | NOS | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

Remarks :For Ramkey CP sanitary

| | | | |
|---|---|---|---|
| Prepared By | Abinay.T | Approved by | |
| Sign.& Date | 09- 10-2020 | Sign. & Date | |

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

APPROVED BY
10 OCT 2020
SOHAM MODI
MANAGING DIRECTOR