PURCHASE DIVISION

Advice for approval for credit to supplier

Date:	13/11/20.	Prepared by:	D.SOWMYA
PO/WO no.	71260.	PO / WO Date.	13/10/20
Supplier Name	Poorfull sanitary	PO/WO amount	29,751
Firm/Company	NE	Project	NE

Sl. No.	Bill No.	Bill Date	Bill amount
1	PS/20-21/476.	31/10/20.	9,916.
2			
3			
4			

Amount A – Bills total(Excluding Transport & Hamali Charges):	9,916.

Sl. No.	DC No	DC. Date	MRN No.	DC matches MRN
1.			84708	☑ 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:	9,916.
Amount E – PO / WO value:	29,751.
Amount F – Difference (A – E): GST-18%	19,835.

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	**14.11.2020**
Remarks:	

Approved by	Purchase Officer	Purchase Manager	Procurement Manager	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:							
Date	13/11/20	13/11					

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
3-6-4[illegible],SRI SAI TOWER,
St.No.4 HIMAYAT NAGAR
HYDERABAD
GSTIN/UIN: 36ACWPG4864A1ZG
State Name : Telangana, Code : 36
E-Mail : praful!sanitary@gmail.com

Buyer
Nilgiri Estates
5-4-187/3&4, IInd Floor, M.G. Road
Secunderabad
GSTIN/UIN : 36AAHFN0766F1ZA
State Name : Telangana, Code : 36

Invoice No.	Dated
PS/20-21/ 476	**31-Oct-2020**
Delivery Note	
Invoice	
Supplier's Ref.	Other Reference(s)
	Credit
Buyer's Order No.	Dated
71260	**13-Oct-2020**
Despatch Document No.	Delivery Note Date
Invoice	**31-Oct-2020**
Despatched through	Destination
Goods Vehicle	**Rampally**

Sl No.	Description of Goods and Services	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	**2000 Ltrs D/L Tank**	3925	18 %	**1 No:**	8,500.00	No:	15.254 %	**7,203.41**
	Output CGST							**756.31**
	Output SGST							**756.31**
	Less : ***Transport Charges @ 18%***	99	18 %					**1,200.00**
	ROUNDING OFF							**(-)0.03**
	Total			**1 No:**				**₹ 9,916.00**

MCDI PROPERTIES PVT. LTD. INWARD No. 79864 Date 5/11 Sign. Neha SEC'BAD

INWARD Inward No:2266 Dt: 31/10/20 MRN No: 84708 Dt: 02/11/2020 Received By: Ashok Sign. Nilgiri Estates

Amount Chargeable (in words) *E. & O.E*
Indian Rupees Nine Thousand Nine Hundred Sixteen Only

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
3925	7,203.41	9%	648.31	9%	648.31	1,296.62
99	1,200.00	9%	108.00	9%	108.00	216.00
Total	**8,403.41**		**756.31**		**756.31**	**1,512.62**

Tax Amount (in words) : **Indian Rupees One Thousand Five Hundred Twelve and Sixty Two 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

Purchase Order

 13-10-2020 3:53:44 PM

71260
10.10.20 12:26:27

Fro.. Company : **Nilgiri Estates**
5-4-187/3 & 4, IInd Floor, M.G.Road, Secunderabad - 500003.
G S T No. : 36AAHFN0766F1ZA

Supplier Details			
Praful Sanitary	**Doc No**	71260	175001
3-6-138/5, Himayat Nagar, Hyderabad.	**Doc Date**	13-10-2020	
	Quote No	Nil	
GSTIN 36ACWPG864A1ZG 40077300	**Quote Date**	13-10-2020	
65526886. 9849624797	**SupplyType**	Supply	

Kind Attn : Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

	Item Name	Qty	Rate	Dis%	GST	Amount
1	7324 - Plumbing - PVC - Water Tank - Others - nos	1.00	21,250.00	15.25	18.00	21,251.06
2	7324 - Plumbing - PVC - Water Tank - Others - nos	1.00	8,500.00	15.25	18.00	8,500.43
					Total Order Value . . .	**29,751.49**

Rupees : Twenty Nine Thousand Seven Hundred Fifty One and Paise Fourty Nine Only.

Terms and Conditions :-

Bill - 476 - 31/10/20 - 9,916.
Balance - 19,835/-

Specification / Brand	All items shall be of Plasto brand
Payment Terms	After Delivery & Production of bill
Tax	Inclusive of all taxes
Delivery Date	Within 3 days
Delivery Location	Nilgiri Estate Sy.No.143/133/134/135/136, Rampally Village. Phone. 9030931172, 8297349480
Penality For Delay	Nil
Transportation Cost	Extra.
Warranty	Nil
Advance Paid	Nil
Other Terms	We reserve the right items not confirming to qlty & specs. Breakage in your account. Above order for septic tank inpit sewpage purpose.
Completion Date	Nil
Measurment	Nil
Security	Nil
Remarks	

For ***Nilgiri Estates***

Authorised Signatory

Name :

Accepted the above Terms And Conditions

For ***Praful Sanitary***

Name : _____

Date : __/__/____

Requisition Form

Company Name:	NILGIRI ESTATES	Date:	07.10.2020
Site & Phase :	NILGIRI ESTATE	Time:	11:51
Supplier		Req. No.	175001
Material required before date:		ID No.	60581

No	Description	Size	Quantity	Units	Inward No	Date
1	Sintex Tank	5000 Liters	01	Nos		
2	Sintex Tank	2000 Liters	01	Nos		
3						
4						
5						
6						
7						
8						
9						
10						

Remarks: - For Septic tank input sewage purpose near generator east side

Prepared By	Vijay Raj	Approved by	APPROVED BY 10 OCT 2020 SOHAM MODI MANAGING DIRECTOR
Sign.& Date	07.10.2020	Sign. & Date	

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

Company Name:		Date:	
Site & Phase :		Time:	
Supplier		Req. No.	
Material required before date:	Urgent	ID No.	

No	Description	Size	Quantity	Units	Inward No	Date
1						
2						
3						
4						

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.