

PURCHASE DIVISION
Advice for approval for credit to supplier

Date:	13/11/20.		Prepared by:	D.SOWMYA			
PO/WO no.	71277.		PO / WO Date.	13/10/20			
Supplier Name	Praful sanitary		PO/WO amount	4,788			
Firm/Company	NE		Project	NE			
Sl. No.	Bill No.	Bill Date	Bill amount				
1	PS/20-21/442	19/10/20.	4,788				
2							
3							
4							
Amount A – Bills total(Excluding Transport & Hamali Charges):			4,788				
Sl. No.	DC No	DC. Date	MRN No.	DC matches MRN			
1.			84528	☒ 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:			4,788				
Amount E – PO / WO value:			4,788				
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		14.11.2020					
Remarks:							
Approved by	Purchase Officer	Purchase Manager	Procurement Manager	MD	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:							
Date	13/11/20	12/11					

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, ALSAI TOWER,
 St.No.4 HILLAYAT NAGAR
 HYDERABAD
 GSTIN/UIN: 36ACWPG4864A1ZG
 State Name : Telangana, Code : 36
 E-Mail : prafulsanitary@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/ 442	19-Oct-2020
Delivery Note	
Invoice	
Supplier's Ref.	Other Reference(s)
	Credit
Buyer's Order No.	Dated
71277	13-Oct-2020
Despatch Document No.	Delivery Note Date
Invoice	19-Oct-2020
Despatched through	Destination
Self	Rampally

SI No	Description of Goods and Services	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	50x100mm G I Nipple	7307	18 %	2 No:	51.75	No:	20 %	82.80
2	50mm G I Coupling	7307	18 %	2 No:	150.80	No:	25 %	226.20
3	40x100mm G I Nipple	7307	18 %	2 No:	43.70	No:	20 %	69.92
4	40mm G I Reducer	7307	18 %	1 No:	108.00	No:	25 %	81.00
5	65 x 100mm GI Nipple	7307	18 %	4 No:	82.80	No:	20 %	264.96
6	65x50mm GI Reducer	7307	18 %	4 No:	290.10	No:	25 %	870.30
7	50mm G I Union	7307	18 %	4 No:	432.60	No:	25 %	1,297.80
8	65mm GI Elbow	7307	18 %	4 No:	388.10	No:	25 %	1,164.30

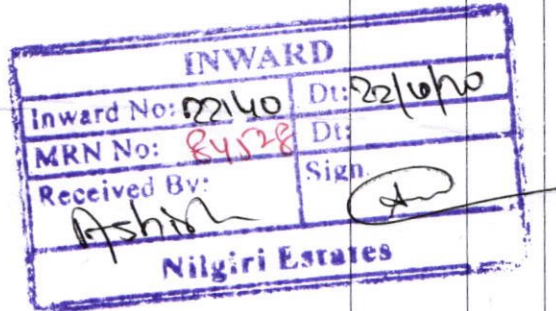
4,057.28

Output CGST
 Output SGST
 ROUNDING OFF

365.16

365.16

0.40



Total

23 No:

₹ 4,788.00

Amount Chargeable (in words)

E. & O.E.

Indian Rupees Four Thousand Seven Hundred Eighty Eight Only

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
7307	4,057.28	9%	365.16	9%	365.16	730.32
99		9%		9%		
Total	4,057.28		365.16		365.16	730.32

Tax Amount (in words) : Indian Rupees Seven Hundred Thirty and Thirty 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

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13-10-2020 3:53:44 PM



71277

10.10.20 12:33:38

From Company : **Nilgiri Estates**

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

G S T No. : 36AAHFN0766F1ZA

Supplier Details

Praful Sanitary

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

GSTIN 36ACWPG864A1ZG

40077300

65526886.

9849624797

Doc No

71277

72999

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 7069 - Plumbing - GI - Nipple - other - nos 2" x 4"	2.00	51.75	20.00	18.00	97.70
2 7054 - Plumbing - GI - Coupling - other - nos 2"	2.00	150.80	25.00	18.00	266.92
3 7069 - Plumbing - GI - Nipple - other - nos 1 1/2" x 4"	2.00	43.70	20.00	18.00	82.51
4 7086 - Plumbing - GI - Reducing Socket - other - nos 1 1/2" x 1 1/4"	1.00	108.00	25.00	18.00	95.58
5 7069 - Plumbing - GI - Nipple - other - nos 2 1/2" x 4"	4.00	82.80	20.00	18.00	312.65
6 7086 - Plumbing - GI - Reducing Socket - other - nos 2" x 2 1/2"	4.00	290.10	25.00	18.00	1,026.95
7 7092 - Plumbing - GI - Union - other - nos 2"	4.00	432.60	25.00	18.00	1,531.40
8 7057 - Plumbing - GI - Elbow - other - nos 2 1/2"	4.00	388.10	25.00	18.00	1,373.87
Total Order Value . . .					4,787.59

Rupees : Four Thousand Seven Hundred Eighty Seven and Paise Fifty Nine Only.

Terms and Conditions :-**Specification / Brand** All items shall be of Sudhkhhar brand**Payment Terms** After Delivery & Production of bill**Tax** Inclusive of all taxes**Delivery Date** Next Day.**Delivery Location** Nilgiri Homes Phase - II
Sy.No.143/133/134/135/136, Rampally Village.
Phone. Malleshham 9553797190**Penalty For Delay** Nil**Transportation Cost** Included in the above price.**Warranty** Nil**Advance Paid** Nil**Other Terms** We reserve the right to reject items not conforming to quality and specifications. Above order for septik tank purpose**Completion Date** NilFor **Nilgiri Estates**

Authorised Signatory

Accepted the above Terms And Conditions

For **Praful Sanitary**Name : 

Name : _____

Date : __/__/__

Requisition Form

Company Name:	NILGIRI ESTATES	Date:	05.10.2020
Site & Phase :	NILGIRI ESTATE	Time:	03:40
Supplier		Req. No.	72999
Material required before date:		ID No.	60662

No	Description	Size	Quantity	Units	Inward No	Date
1	Nipple GI	2"	02	No's		
2	coupling GI	2"	02	No's		
3	nipple GI	1 1/2"	02	No's		
4	Reducer GI	1 1/2" x 1/4"	01	No's		
5	Nipple GI	2 1/2" x 4"	04	No's		
6	Reducer GI	2" x 2 1/2"	04	No's		
7	Union GI	2"	04	No's		
8	Elbow GI	2 1/2"	04	No's		
9						

Remarks: - for septic tank use purpose.

Prepared By	Vijay	Approved by	
Sign. & Date	05.10.2020	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						
5						
6						
7						
8						
9						
10						

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.