

**PURCHASE DIVISION**  
Advice for approval for credit to supplier

|                                                               |                  |                                |                                                                                                                                                                           |                                                          |                             |            |                  |
|---------------------------------------------------------------|------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------|------------|------------------|
| Date:                                                         |                  | 24/11/2020                     |                                                                                                                                                                           | Prepared by:                                             |                             | MINISH.    |                  |
| PO/WO no.                                                     |                  | 71551                          |                                                                                                                                                                           | PO / WO Date.                                            |                             | 22/10/2020 |                  |
| Supplier Name                                                 |                  | Depakshi Marpaulin Industries. |                                                                                                                                                                           | PO/WO amount                                             |                             | 2,940/-    |                  |
| Firm/Company                                                  |                  | SS LLP                         |                                                                                                                                                                           | Project                                                  |                             | H/O.       |                  |
| Sl. No.                                                       | Bill No.         | Bill Date                      |                                                                                                                                                                           | Bill amount                                              |                             |            |                  |
| 1.                                                            | 1948.            | 18/11/2020                     |                                                                                                                                                                           | 2,940/-                                                  |                             |            |                  |
| 2.                                                            |                  |                                |                                                                                                                                                                           | 1                                                        |                             |            |                  |
| 3.                                                            |                  |                                |                                                                                                                                                                           |                                                          |                             |            |                  |
| Amount A – Bills total(Excluding Transport & Hamali Charges): |                  |                                |                                                                                                                                                                           |                                                          |                             | 2,940/-    |                  |
| Sl. No.                                                       | DC No            | DC. Date                       | MRN No.                                                                                                                                                                   | DC matches MRN                                           |                             |            |                  |
| 1.                                                            |                  |                                | 85593                                                                                                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |            |                  |
| 2.                                                            |                  |                                |                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |            |                  |
| 3.                                                            |                  |                                |                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |            |                  |
| 4.                                                            |                  |                                |                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |            |                  |
| Amount B – Other Credits :                                    |                  |                                |                                                                                                                                                                           |                                                          |                             |            |                  |
| Amount C – Other Debits :                                     |                  |                                |                                                                                                                                                                           |                                                          |                             |            |                  |
| Amount D (D=A+B-C) – Amount to be credited to the supplier:   |                  |                                |                                                                                                                                                                           |                                                          |                             | 2940       |                  |
| Amount E – PO / WO value:                                     |                  |                                |                                                                                                                                                                           |                                                          |                             | 2940       |                  |
| Amount F – Difference (A – E):                                |                  |                                |                                                                                                                                                                           |                                                          |                             |            |                  |
| Quantity received as per PO / WO                              |                  |                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Excess received <input type="checkbox"/> Short received <input type="checkbox"/> Other (explained below) |                                                          |                             |            |                  |
| Is difference between PO / Bill acceptable?                   |                  |                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (explained below)                                                                                     |                                                          |                             |            |                  |
| Excess / short material received                              |                  |                                | <input checked="" type="checkbox"/> Approved – within acceptable limits <input type="checkbox"/> No (explained below)                                                     |                                                          |                             |            |                  |
| Close PO / W?O                                                |                  |                                | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – wait for balance material <input type="checkbox"/> No (explained below)                             |                                                          |                             |            |                  |
| Advance paid / PDC given (deduct when paying)                 |                  |                                | <input type="checkbox"/> Yes – Rs. _____/- <input checked="" type="checkbox"/> No                                                                                         |                                                          |                             |            |                  |
| Payment – due date                                            |                  |                                | 27/11/2020                                                                                                                                                                |                                                          |                             |            |                  |
| Remarks:                                                      |                  |                                |                                                                                                                                                                           |                                                          |                             |            |                  |
|                                                               |                  |                                |                                                                                                                                                                           |                                                          |                             |            |                  |
|                                                               |                  |                                |                                                                                                                                                                           |                                                          |                             |            |                  |
| Approved by                                                   | Purchase Officer | Purchase Manager               | Procurement Manager                                                                                                                                                       | MD                                                       | Accounts – receiver of bill | Accountant | Accounts Manager |
| Sign:                                                         |                  |                                |                                                                                                                                                                           |                                                          |                             |            |                  |
| Date                                                          | 24/11/20         | 24/11                          | 24 NOV 2020<br>MINISH PARIKH<br>MANAGER PROCUREMENT                                                                                                                       |                                                          |                             |            |                  |

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. 5,000/-, Purchase Manager and Procurement Manager to approve all bills from 5,000/- 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/-

# Purchase Order

Page 1 of 1

27-10-2020 14:30:18



71551

20.10.20 3:54:09

From Company : **Summit Sales LLP**

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

G S T No. : 36ACQFS2044C1Z7

**Supplier Details**

Lepakshi Tarpaulin Industries

# 5-5-65, 1st Floor, Shop No. F10, S.A. Trade Centre, Above Bombay Hotel, Ranigunj 'X' Road, Secunderabad-3.

**GSTIN** 36ADOPN7656C1Z7

2770 6071

66486071

9642662732

**Doc No**

71551

16607

**Doc Date**

22-10-2020

**Quote No**

Nil

**Quote Date**

22-10-2020

**SupplyType**

Supply

**Kind Attn : Mr. Santosh Kumar**

Purchase Order for the Supply of following Items.

| Item Name                                   | Qty  | Rate   | Dis% | GST  | Amount          |
|---------------------------------------------|------|--------|------|------|-----------------|
| 1 4052 - Consumables - Raincoats - NA - nos | 7.00 | 400.00 | 0.00 | 5.00 | 2,940.00        |
| <b>Total Order Value . . .</b>              |      |        |      |      | <b>2,940.00</b> |

Rupees : Two Thousand Nine Hundred Fourty Only.

**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** Head Office

5-4-187/3 &amp; 4, II nd Floor, M.G.Road, Secunderabad - 500003

Phone. 040-66335551

**Penalty 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 for Drivers and Shivashanker office use purpose**Completion Date** Nil**Measurment** Nil**Security** Nil**Remarks**For **Summit Sales LLP**

Authorised Signatory

Name :

Contact

Accepted the above Terms And Conditions

For **Lepakshi Tarpaulin Industries**

Name : \_\_\_\_\_

Date : \_\_/\_\_/\_\_

## TAX INVOICE

Invoice No.: 1948



## LEPAKSHI TARPAULIN INDUSTRIES

Date: 18/11/20

# 1st Floor, Shop No.F10, S.A. Trade Centre, Above Bombay Hotel, Ranigunj 'X' Road, Secunderabad-500 003.

Phone : (O) 2770 6071, 9121013748, Cell : 99591 02999,

State Code : 36

GSTIN : 36ADOPN7656C1Z7

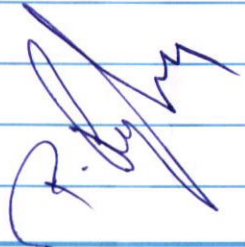
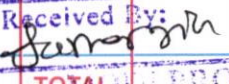
E-mail: lepakshitarp@gmail.com, Lnt\_91@yahoo.in, www.lepakshitarpaulin.com

## Details of Receiver (Billed to)

Name : Summit Sales LLP.  
 Address : 54-187/384 II floor. Secbad-3  
 Ph. : Cell :  
 GSTIN/UIN : 36ACQ FS2044 C1Z7  
 P.O. No. & Dt.

## Details of Consignee (Shipped to)

Name : Po: 71551  
 Address : Head office  
 Ph. : Cell :  
 GSTIN/UIN :  
 Vehicle No. :

| SI. No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | HSN (SAC) Code | Description of the Goods | Qty. | Rate  | Amount Rs. | Taxable Value | CGST |        | SGST |        | IGST |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|------|-------|------------|---------------|------|--------|------|--------|------|--------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                |                          |      |       |            |               | Rate | Amount | Rate | Amount | Rate | Amount |
| 6201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                | Rain (ool)               | 7    | 400/- | 2800.      | 257.70        |      | 257.70 |      |        |      |        |
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  </div> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;"><b>INWARD</b></p> <p>Inward No: 486 Dt: 18/11/20</p> <p>MRN No: 85593 Dt:</p> <p>Received By:  Sign: </p> <p style="text-align: center; margin: 0;"><b>TOTAL INDUSTRIES</b></p> </div> <div style="text-align: center;">  </div> </div> |                |                          |      |       |            |               |      |        |      |        |      |        |

(Rupees : in words 2940/- only)

E-way Bill No.

TOTAL INVOICE RS.

2940

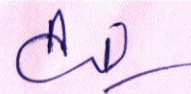
## TERMS &amp; CONDITIONS :

1. Goods once sold will not be taken back or exchanged.
2. Subject to Secunderabad Jurisdiction only.
3. The customer should inform the firm if there is any complaint regarding the quality or quantity of the material within 48 hours from the date of Invoice.
4. Inspection should be carried out at our factory premises only.
5. Interest will be charged at the rate of 24% per annum for all overdue payments.
6. Our risk & responsibility ceases as soon as the goods are despatched from our premises.

## OUR BANK DETAILS :

Bank Name : PUNJAB NATIONAL BANK  
 Bank Account Number : 3631002100019635  
 Branch : M.G. Road, Sec'bad  
 IFSC : PUNB0363100

For LEPAKSHI TARPAULIN INDUSTRIES



Authorised Signatory

## Requisition Form

| Company Name:                  |                             | Summit Sales LLP Common Expenses |          | Date:       |           | 20.10.2020 |       |
|--------------------------------|-----------------------------|----------------------------------|----------|-------------|-----------|------------|-------|
| Site & Phase :                 |                             | Head Office                      |          | Time:       |           | 03:30 Pm   |       |
|                                |                             |                                  |          | Req. No.    |           | 16607      |       |
| Material required before date: |                             |                                  |          |             | ID No.    |            | 60931 |
| No                             | Description                 | Size                             | Quantity | Units       | Inward No | Date       |       |
| 01                             | Rain Coat ( Drivers)        | XXL                              | 06       | No's        |           |            |       |
| 02                             | Rain Coat for Shiva Shankar | XXL                              | 01       | No's        |           |            |       |
|                                |                             |                                  |          |             |           |            |       |
|                                |                             |                                  |          |             |           |            |       |
|                                |                             |                                  |          |             |           |            |       |
|                                |                             |                                  |          |             |           |            |       |
|                                |                             |                                  |          |             |           |            |       |
|                                |                             |                                  |          |             |           |            |       |
|                                |                             |                                  |          |             |           |            |       |
|                                |                             |                                  |          |             |           |            |       |
|                                |                             |                                  |          |             |           |            |       |
| Remarks: For Office use –      |                             |                                  |          |             |           |            |       |
| Prepared By                    |                             | Jai Kumar                        |          | Approved by |           |            |       |
| Sign.& Date                    |                             | 20.10.2020                       |          | Sign.& Date |           |            |       |

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