PURCHASE DIVISION

Advice for approval for credit to supplier

Date:	24/11/20	Prepared by:	Prabhakar.P
PO/WO no.	12254	PO / WO Date.	18/11/20
Supplier Name	Praful Sanitary	PO/WO amount	354-00
Firm/Company	Vista Homes	Project	Vista Homes
Sl. No.	Bill No.	Bill Date	Bill amount
1	PS/20-21/550	19/11/20	354-00
2			
3			
4			
Amount A – Bills total (Excluding Transport & Hamali Charges):			354-00

Sl. No.	DC No	DC. Date	MRN No.	DC matches MRN
1.			85374	☑ 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:	354-00
Amount E – PO / WO value:	354-00
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	**30-11-20**
Remarks:	

Approved by	Purchase Officer	Purchase Manager	Procurement Manager	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:		[signature]					
Date		24/11/20					

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/ 550**	Dated **19-Nov-2020**
Delivery Note **Invoice**	
Supplier's Ref.	Other Reference(s) **Credit**
Buyer's Order No. **72254**	Dated **18-Nov-2020**
Despatch Document No. **Invoice**	Delivery Note Date **19-Nov-2020**
Despatched through **Self**	Destination **Kushaiguda**

Buyer
Vista Homes
5-4-187/3 & 4, IInd Floor, M.G.Road
Secunderabad
GSTIN/UIN : 36AAGFV2068P1ZJ
State Name : Telangana, Code : 36

Sl No.	Description of Goods and Services	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	**Pvc Long Bend**	3917	18 %	**5 No:**	66.70	No:	10 %	**300.15**
	Output CGST							**27.01**
	Output SGST							**27.01**
	Less : ***ROUNDING OFF***							**(-)0.17**
	Total			**5 No:**				**₹ 354.00**

MODI PROPERTIES PVT. LTD. ★ SECUNDERABAD ★ INWARD No. 7132 Date 20/11 Sign.

INWARD
Inward No: 2536 | Dt: 19/11/20
MRN No: 85374 | Dt:
Received by: | Sign: Nikhil
Vista Homes

Amount Chargeable (in words)
Indian Rupees Three Hundred Fifty Four Only

E. & O.E

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
3917	300.15	9%	27.01	9%	27.01	54.02
99		9%		9%		
Total	**300.15**		**27.01**		**27.01**	**54.02**

Tax Amount (in words) : **Indian Rupees Fifty Four and 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

Page(s) 1 Of 1   18-11-2020 4:57:37 PM

Origi   72254
16.11.20 11:21:50

From Company : **Vista Homes**
5-4-187/3 & 4, IInd Floor, M.G.Road, Secunderabad - 500003
G S T No. : 36AAGFV2068P1ZJ

Supplier Details			
Praful Sanitary 3-6-138/5, Himayat Nagar, Hyderabad. **GSTIN** 36ACWPG864A1ZG 40077300 65526886. 9849624797	**Doc No**	72254	99951
	Doc Date	18-11-2020	
	Quote No	Nil	
	Quote Date	31-01-2018	
	SupplyType	Supply	

Kind Attn : Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

	Item Name	Qty	Rate	Dis%	GST	Amount
1	10185 - Plumbing - PVC - Elbow - NA - Nos *long bend*	5.00	60.00	0.00	18.00	354.00
					Total Order Value . . .	**354.00**

Rupees : Three Hundred Fifty Four Only.

Terms and Conditions :-

Specification / Brand	All items in Sl.no.1,3 shall be of 'Hindware' brand
Payment Terms	After Delivery & Production of bill
Tax	GST included in above price.
Delivery Date	Next Day.
Delivery Location	Vista Homes Sy. No. 193, Kapra, Hyd. From ECIL take left in lane opposite MRR school Phone. Contact: 8790166611
Penality For Delay	Nil
Transportation Cost	Transport cost shall be borne by us.
Warranty	Nil
Advance Paid	Nil
Other Terms	We reserve the right items not confirming to qlty & specs. Breakage in your account. Above order for E-103,107,306,408,409 purpose.
Completion Date	Nil
Measurment	Nil
Security	Nil
Remarks	

For ***Vista Homes***

Authorised Signatory

Name : ____________________

Accepted the above Terms And Conditions

For ***Praful Sanitary***

Name : ____________________

Date : __/__/____

Requisition Form

Company Name:	Vista Homes	Date:	17.11.2020
Site & Phase :	Vista Homes	Time:	16:45
Supplier:		Req. No.	99951
Material required before date	20.11.20	ID No.	61615

No	Description	Size	Quantity	Units	Inward No	Date
1	**Indian WC**		05	No's		
2	**Flush Tank**		05	No's		
3	PVC Long Bend		05	No's		
4	72219					
5						
6	72254					
7						
8						
9						
10						
11						

Remarks: For E-103, 107, 305, 408, 409 purpose.

Prepared By	Madhu	Approved by	Madhu
Sign.& Date	17.11.2020	Sign. & Date	

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

APPROVED
19 NOV 2020
P. PRABHAKAR
Sr. MANAGER PURCHASE

Requisition Form

Company Name:	Vista Homes	Date:	22.07.2020
Site & Phase :	Vista Homes	Time:	12:10
Supplier	-	Req. No.	
Material required before date:	27.07.20	ID No.	

No	Description	Size	Quantity	Units	Inward No	Date
1						
2						
3						
4						
5						
6						
7						
8						
9						

Remarks: For

Prepared By	Madhu	Approved by	Madhu
Sign.& Date		Sign. & Date	

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