PURCHASE DIVISION
Advice for approval for credit to supplier

Date:	3-12-20	Prepared by:	T Bhasker
PO/WO no.	72573	PO / WO Date.	24/6/20
Supplier Name	Barcode Enterp.	PO/WO amount	20562
Firm/Company	SSLLP	Project	HO
Sl. No.	Bill No.	Bill Date	Bill amount
1	331	25/11/20	20562
2			
3			
4			
Amount A – Bills total(Excluding Transport & Hamali Charges):			20562

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:	20562
Amount E – PO / WO value:	20562
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	11/12/20
Remarks:	In PO we Mentioned issued Advance but not given Advance

Approved by	Purchase Officer	Purchase Manager	Procurement Manager	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:							
Date	3-12-20	4/12/20					

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/-

TAX INVOICE

Barcode Enterprise
Reg:H.No:-13-1-131/2, Plot.no.26,
Sagar Bhai Jewelry,opp Line,
Tulja Nivas,
Motinagar,Hyderabad
Mobile: 810 66 89 372
GSTIN/UIN: 36BYQPP0197Q1ZC
E-Mail:barcodeenterprisess@gmail.com

Invoice No. GST/ 331	**Dated.** 25-11-2020
Delivery Note	**Mode/Terms of payment** 100% advance
Supplier's Ref. P.N.Kumar	**Other Reference(s)** Verbal
Buyer's Order No. VERBAL / SUNIL	**Date**
Despatch Doc. No.	**Date**
Despatched thro.	Date

Buyer
SUMMIT SALES LLP
5-4-187/3&4,II nd floor, MG Road,
Secunderabad -500003.
Telangana Code : 36
E-mail :ksuneelkumar.2012@gmail.com
Ph No : + 91 9502199355
GSTIN/UIN : 36ACQFS2044C1Z7

Sl No.	Description of Goods	Quantity	Rate	Per	Amount
1.	Plain Label - Tamper Proof (synthetic) Size : 25x20mm - 4 Accross (6 Rolls x 5,000 No's) HSN CODE : 39199010	6 Rolls	0.55 PS Each Label	5,000 No's Each Roll	16,500.00
2.	Barcode Ribbon - Wax - Resin Size : 110mmx 74mtrs HSN CODE :96121090	5 Rolls	185.00 Each Roll		925.00
					17,425.00
	SGST@9%				1,568.50
	CGST@9%				1,568.50
	Total				20,562.00

INWARD
Inward No: 507 Dt: 25/11/20
MRN No: Dt:
Received By: Sign:
MODI PROP

MODI PROPERTIES PVT. LTD.
INWARD
No. 71820
Date 4/12
Sign
SEC'BAD

Amount Chargeable (in Words)
Indian Rupees : Twenty thousand five hundred and sixty two rupees only

HSN/SAC	Total Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount
	20,562.00	9%	1,568.50	9%	1,568.50
Total	20,562.00		1,568.50		1,568.50

Tax amount in words : Three thousand one hundred and thirty seven Rupees only

Bank Details:-
Bank Name : Andhra Bank
A/c.No.: 135511100001404
Branch : Rajeev Nagar
IFS Code : ANDB0001355

for Barcode Enterprises

Authorised Signatory

Purchase Order

 30-11-2020 15:51:58 Or

72573
25.11.20 1:07:27

From Company : **Summit Sales LLP**
5-4-187/3&4,II nd floor,MG Road, Secunderabad-500003.
G S T No. : 36ACQFS2044C1Z7

Supplier Details			
Barcode Enterprises H.no.13-1-131/2 plot.no.26, Tulja Nivas, Moti Nagar Hyderbad	**Doc No**	72573	16697
	Doc Date	24-06-2020	
	Quote No	Nil	
GSTIN 36BYQPP0197Q1ZC	**Quote Date**	22-06-2020	
8106689372	**SupplyType**	Supply	

Kind Attn : Mr.Magendra Kumar

Purchase Order for the Supply of following Items.

	Item Name	Qty	Rate	Dis%	GST	Amount
1	6174 - Miscellaneous - labels - NA - Rolls *2500 each rolls*	6.00	2,750.00	0.00	18.00	19,470.00
2	6175 - Miscellaneous - Ribbon - NA - Rolls *Wax resin rolls*	5.00	185.00	0.00	18.00	1,091.50
				Total Order Value . . .		**20,561.50**
Rupees : Twenty Thousand Five Hundred Sixty One and Paise Fifty Only.						

Terms and Conditions :-

Specification /	As per details given in the quotation.
Payment Terms	100% as advance
Tax	Inclusive of all taxes
Delivery Date	Same Day
Delivery Location	Head Office 5-4-187/3 & 4, II nd Floor, M.G.Road, Secunderabad - 500003 Phone. 040-66335551
Penality For Delay	Nil
Transportation	Transport cost shall be borne by us.
Warranty	1 yr
Advance Paid	Rs..... vide cheq..... dtd..... of yes bank
Other Terms	We reserve the right to reject items not conforming to quality and specifications. Above order for Barcoading purpose
Completion Date	Nil
Measurment	Nil
Security	Nil
Remarks	

For ***Summit Sales LLP***
Authorised Signatory
30/11/2020
Name :
Contact . .

Accepted the above Terms And Conditions
For ***Barcode Enterprises***
Name :
Date : __/__/____

Requisition Form

Company Name:	Summit Sales LLP	Date:	24-11-20
Site & Phase :	Head office	Time:	
Supplier		Req. No.	16697
Material required before date:		ID No.	61877

No	Description	Size	Quantity	Units	Inward No	Date
1	Plain label tamperproof (5000 labels per roll)		6	Rolls		
2	Barcode Ribbon		6	Rolls		
3						
4						
5						
6						
7						
8						
9						
10						

12/5/17 Through gate pass

Remarks: This is for Bar code

Prepared By	K.Suneel	Approved by	
Sign.& Date	24-11-20	Sign. & Date	

APPROVED
30 NOV 2020
P. PRABHAKAR
Sr. MANAGER PURCHASE

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

Requisition Form

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