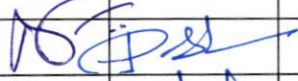


PURCHASE DIVISION
Advice for approval for credit to supplier

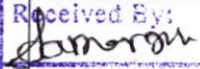
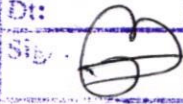
Date:	3-12-20	Prepared by:	T Bhasker				
PO/WO no.	72573	PO / WO Date.	24/6/20				
Supplier Name	Barcode Enterp.	PO/WO amount	20562				
Firm/Company	SSLP	Project	H O				
Sl. No.	Bill No.	Bill Date	Bill amount				
1	331	25/11/20	20562				
2			1				
3							
4							
Amount A – Bills total(Excluding Transport & 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	MD	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 Enterprises Motinagar, Hyderabad Mobile: 810 66 89 372 GSTIN/UIN: 36BYQPP0197Q1ZC E-Mail: barcodeenterprises@gmail.com 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	Barcode Enterprise Reg:H.No:-13-1-131/2, Plot.no.26, Sagar Bhai Jewelry, opp Line, Tulja Nivas,	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	

SI 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
					1,568.50
					1,568.50
Total					20,562.00

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



SGST@9%
CGST@9%

Amount Chargeable (in Words)

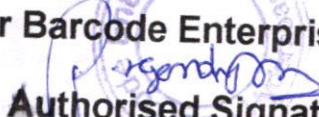
Indian Rupees : Twenty thousand five hundred and sixty two rupees only

HSN/SAC	Total Value	Central Tax		State Tax	
		Rate	Amount	Rate	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

Page 1 Of 1

30-11-2020 15:51:58

Or



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 Hyderabad GSTIN 36BYQPP0197Q1ZC 8106689372	Doc No	72573	16697
	Doc Date	24-06-2020	
	Quote No	Nil	
	Quote Date	22-06-2020	
	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
Penalty 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 Barcoding purpose
Completion Date	Nil
Measurment	Nil
Security	Nil
Remarks	

For **Summit Sales LLP**

Authorised Signatory

Accepted the above Terms And Conditions

For **Barcode Enterprises**

Name : _____

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						

Remarks: This is for Bar code

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

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.