PURCHASE DIVISION Advice for approval for credit to supplier

Date:	3-12-20			Prepared by:			T Bhasker				
PO/WO no. Supplier Name Firm/Company Pill No.		204	i	F	PO / WO Date.			17/11/20			
Supplier Name		ful	5-10)		PO/WO amount			32-21			
Firm/Company		100L	-	I	roject			5-17 A	at-		
Sl. No. Bill No.				I	Bill Date)		Bill amount			
1		5	45	,		18/11/20		20	3221		
2							•		T T		
3								-			
4							., .,		***		
Amount A –	- Bills 1	otal(Excludin	g Transpor	t & Han	nali Charge	s):			3 121		
Sl. No.	DC N	0	Γ	C. Date			MRN N	о.	DC matches MI	N	
1.			"						□ Yes □ No		
2.					•			** * *	□ Yes □ No		
. 3.	,								□ Yes □ No		
Amount B -	-Other	Credits :Trans	sportation of	harges			1				
Amount C -	-Other	Debits:							4		
Amount D ((D=A+	B-C) – Amou	nt to be cre	edited to	the supplie	r:		- · · · · · · · · · · · · · · · · · · ·	3.221		
Amount E -	-PO/	WO value:							3221	· · · · · · · · · · · · · · · · · · ·	
Amount F –	- Diffe	rence (A – E):	GST-18%								
Quantity red	ceived	as per PO /W	O		Yes Excess received Short received Other (explained b					ned below)	
Is difference	e betw	een PO / Bill	acceptable	?	□ Yes □ No (explained below)						
Excess / sho	ort mat	erial 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)				aying)	□ Yes – Rs. /- □ No						
Payment – due date				113	12/		·· ·				
Remarks:					 						
							····				
Approve by	d	Purchase Officer	Purchas Manage		rocuremen Manager	t	M D	Accounts – receiver of bill	Accountant	Accounts Manager	
Sign:		K						OIII			
Date	3	-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/-



Pr	aful Sanitary		Invo	ce No.		Dat	ed	——	
3-1	6-429/6,SRI SAI TOWER, .No.4 HIMAYAT NAGAR		l l	20-21/ 54	5		Nov-20	120	
'H'	YDERABAD			ery Note	··-	<u></u>	<u>-</u>		
G	STIN/UIN: 36ACWPG4864A1ZG		Invo						
St	ate Name : Telangana, Code : 36		Sup	olier's Ref.	****	Oth	er Refe	rence(s)
	Mail : prafulsanitary@gmail.com lyer						dit		
	odi Properties Private Limited			er's Order i	No.	Dat			
5~	4-187/3 & 4, IInd Floor, M.G. Road		722			17-	Nov-20	20	<u>.</u>
Se	ecunderabad		- 1	patch Docu	ıment No.		very No		₽
	STIN/UIN: 36AABCM4761E1ZM		Invo	oatched th			Nov-20		
St	ate Name : Telangana, Code : 36				ougn		tination		
			Self	· 		Sa	phire A	partn	ent
]						
<u> </u>									
SI No.	,	HSN/SAC		Quantity	Rate	per	Disc. %	Ar	nount
			Rate				<u></u>		
1	Below Counter Wash Basin (Ivory)	6910	18 %	1 No	3,900.0	0 No:	30 %		2,730.00
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	Output CGST Output SGST					ļ			245.70
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ln	idian Rupees Three Thousand Two Hundred Twenty One	e Only							& O.E
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<u> </u>				9%		9%			
-			730.00		245.70		245	5.70	491.40
18	ax Amount (in words): Indian Rupees Four Hundred Nimety One	e and Fo	ty pais	e Only					
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C	ompany's PAN : ACWPG4864A						11/20		Z 3/4
	ompany's PAN : ACWPG4864A eclaration						4-7-1-1	for Praf	ul Sanitary
뚮	le declare that this invoice shows the actual price of the goods	1							
de	escribed and that all particulars are true and correct.	j							
	SUBJECT TO HYDER	ADAD HIDI	DIOTIO					uthorise	ed Signatory
	ひいじゅこと しょく カイリアド	ADMILL BURN	1 HE . I H 1 1 1						

This is a Computer Generated Invoice





Purchase Order

Page(s)	1	Ωf	1
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Origi

16.11.20

17-11-2020 2:30:15 PM

From Company: Modi Properties Pvt.Ltd.

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

GSTNo.: 36AABCM4761E1ZM

Supplier Details Praful Sanitary Doc No 72204 16668 3-6-138/5, Himayat Nagar, Hyderabad. **Doc Date** 17-11-2020 **Quote No** Nil GSTIN 36ACWPG864A1ZG 40077300 **Quote Date** 03-07-2017 65526886. 9849624797 SupplyType Supply

Kind Attn: Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 7381 - Plumbing - sanitary - Washbasin Mixer - Others - nos Counter Top	1.00	3,900.00	30.00	18.00	3,221.40
Rupees: Three Thousand Two Hundred Twenty One and Paise I		Total Or	der Valu	e	3,221.40

Terms and Conditions :-

Specification / Brand All items shall be of 'Hindware' brand,

Payment Terms

Within 30 days of delivery.

Tax

All taxes included in above price.

Delivery Date

Within 3 days

Delivery Location

Sapphire Apartments

Flat No. 105, Chikoti Gardens, Begumpet, Hyderabad. Road next to Nalli Silks

Phone. Contact: Security -2776-0476

Penality For Delay

Nil

Transportation Cost

Included by us !

Warranty

7 years warranty

Advance Paid

Nil

Other Terms

We reserve the right to reject items not conforming to quality and specifications. Above order for Plot no.205 purpose.

Completion Date Measurment

Nil

Security

Nil

Remarks

For Modi Properties Pvt.Ltd.

Authorised Signatory

Accepted the above Terms And Conditions For Praful Sanitary

Name :	 _	ــــــــــــــــــــــــــــــــــــــ		
Name : _	 		 Name : _	

Date : __/_/___

Requisition Form

Com	pany Name:	MPPL			Date:			16-11-2020	
Site	& Phase:	Sapphire 2	205		Time:			12:30PM	
Supp	lier				Req. No	0.		16640	
Mate	rial required before	date:	Urgent		ID No.			61555	
No	Disci	ription		S	ize	Quantity	Unibts	" <u>"</u>	Date
1	Counter top wash l	basin (Ivory)		STD		01	NOS		
2					· · · · · · · · · · · · · · · · · · ·				
3		-	204	*	<u> </u>		-		N
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Rem	arks :Towards Dinin	g area purpose.					APF	ROVED	
Ргера	ared By	Meenaksh	i.N		Approv	ed by	1 1	NOV 2020	
Date		16-11-202	0		Sign. &	Date	1 1	NOV ZUZO PRABHAKAR ANAGER PURCHASE	