

PURCHASE DIVISION  
Advice for approval for credit to supplier

|                                                               |                  |                                                                                                                                                                |                                                                           |
|---------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Date: 07-12-20                                                |                  | Prepared by: T. Bhasker                                                                                                                                        |                                                                           |
| PO/WO no. 72444                                               |                  | PO / WO Date. 25/11/2020                                                                                                                                       |                                                                           |
| Supplier Name Praful Saurthy.                                 |                  | PO/WO amount 1,47,736/-                                                                                                                                        |                                                                           |
| Firm/Company SLLP.                                            |                  | Project SALLP.                                                                                                                                                 |                                                                           |
| Sl. No.                                                       | Bill No.         | Bill Date                                                                                                                                                      | Bill amount                                                               |
| 1                                                             | 593              | 30/11/2020                                                                                                                                                     | 1,32,868/-                                                                |
| 2                                                             |                  |                                                                                                                                                                |                                                                           |
| 3                                                             |                  |                                                                                                                                                                |                                                                           |
| 4                                                             |                  |                                                                                                                                                                |                                                                           |
| Amount A – Bills total(Excluding Transport & Hamali Charges): |                  |                                                                                                                                                                | 1,29,918/-                                                                |
| Sl. No.                                                       | DC No            | DC. Date                                                                                                                                                       | MRN No. DC matches MRN                                                    |
| 1.                                                            |                  |                                                                                                                                                                | 85851 <input checked="" 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                  |
| Amount B –Other Credits :Transportation charges 2500/- +18/-  |                  |                                                                                                                                                                | 2,950/-                                                                   |
| Amount C –Other Debits :                                      |                  |                                                                                                                                                                | -                                                                         |
| Amount D (D=A+B-C) – Amount to be credited to the supplier:   |                  |                                                                                                                                                                | 1,32,868/-                                                                |
| Amount E – PO / WO value:                                     |                  |                                                                                                                                                                | 1,47,736/-                                                                |
| Amount F – Difference (A – E): GST-18%                        |                  |                                                                                                                                                                | 14,868/-                                                                  |
| Quantity received as per PO /WO                               |                  | <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explained below)                                                                          |                                                                           |
| Excess / short material received                              |                  | <input 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                                            |                  | 12/12/2020.                                                                                                                                                    |                                                                           |
| Remarks: Part Quantity Received Balance Receivable.           |                  |                                                                                                                                                                |                                                                           |
| Approved by                                                   | Purchase Officer | Purchase Manager                                                                                                                                               | Procurement Manager                                                       |
| Sign:                                                         |                  |                                                                                                                                                                |                                                                           |
| 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/-

## 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

Buyer

**Summit Sales LLP**  
5-4-187/3&4, IInd Floor, M.G Road  
Secunderabad  
GSTIN/UIN : 36ACQFS2044C1Z7  
State Name : Telangana, Code : 36

|                          |                    |             |
|--------------------------|--------------------|-------------|
| Invoice No.              | e-Way Bill No.     | Dated       |
| PS/20-21/ 593            | 141274550997       | 30-Nov-2020 |
| Delivery Note            |                    |             |
| Invoice                  |                    |             |
| Supplier's Ref.          | Other Reference(s) |             |
|                          | 9502211788         |             |
| Buyer's Order No.        | Dated              |             |
| 72444                    | 25-Nov-2020        |             |
| Despatch Document No.    | Delivery Note Date |             |
| Invoice                  | 30-Nov-2020        |             |
| Despatched through       | Destination        |             |
| Goods Vehicle            | Cherlapally        |             |
| Bill of Lading/LR-RR No. | Motor Vehicle No.  |             |
|                          | TS09UA2919         |             |

| SI No. | Description of Goods and Services                   | HSN/SAC | GST Rate | Quantity | Rate     | per | Disc. % | Amount        |
|--------|-----------------------------------------------------|---------|----------|----------|----------|-----|---------|---------------|
| 1      | Extended Wall Mounted Closet Etios (White) Hindware | 6910    | 18 %     | 20 No:   | 9,330.00 | No: | 50 %    | 93,300.00     |
| 2      | Half Stand Pedestal (White) Hindware                | 6910    | 18 %     | 20 No:   | 1,680.00 | No: | 50 %    | 16,800.00     |
|        |                                                     |         |          |          |          |     |         | 1,10,100.00   |
|        | Output CGST                                         |         |          |          |          |     |         | 10,134.00     |
|        | Output SGST                                         |         |          |          |          |     |         | 10,134.00     |
|        | Transport Charges @ 18%                             | 99      | 18 %     |          |          |     |         | 2,500.00      |
| Total  |                                                     |         |          | 40 No:   |          |     |         | ₹ 1,32,868.00 |

Amount Chargeable (in words)

Indian Rupees One Lakh Thirty Two Thousand Eight Hundred Sixty Eight Only

E. &amp; O.E

| HSN/SAC | Taxable Value | Central Tax Rate | Central Tax Amount | State Tax Rate | State Tax Amount | Total Tax Amount |
|---------|---------------|------------------|--------------------|----------------|------------------|------------------|
| 6910    | 1,10,100.00   | 9%               | 9,909.00           | 9%             | 9,909.00         | 19,818.00        |
| 99      | 2,500.00      | 9%               | 225.00             | 9%             | 225.00           | 450.00           |
| Total   | 1,12,600.00   |                  | 10,134.00          |                | 10,134.00        | 20,268.00        |

Tax Amount (in words) : Indian Rupees Twenty Thousand Two Hundred Sixty Eight 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



## 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

Buyer  
**Summit Sales LLP**  
5-4-187/3&4, IInd Floor, M.G Road  
Secunderabad  
GSTIN/UIN : 36ACQFS2044C1Z7  
State Name : Telangana, Code : 36

Invoice No. e-Way Bill No. Dated  
**PS/20-21/ 593 141274550997 30-Nov-2020**

Delivery Note

Invoice

Supplier's Ref.

Other Reference(s)

**9502211788**

Buyer's Order No.

Dated

**72444****25-Nov-2020**

Despatch Document No.

Delivery Note Date

Invoice

**30-Nov-2020**

Despatched through

Destination

**Goods Vehicle****Cherlapally**

Bill of Lading/LR-RR No.

Motor Vehicle No.

**TS09UA2919**

| Sl No. | Description of Goods and Services                   | HSN/SAC | GST Rate | Quantity | Rate     | per | Disc. % | Amount        |
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|        |                                                     |         |          |          |          |     |         | 1,10,100.00   |
|        | Output CGST                                         |         |          |          |          |     |         | 10,134.00     |
|        | Output SGST                                         |         |          |          |          |     |         | 10,134.00     |
|        | Transport Charges @ 18%                             | 99      | 18 %     |          |          |     |         | 2,500.00      |
| Total  |                                                     |         |          | 40 No:   |          |     |         | ₹ 1,32,868.00 |

Amount Chargeable (in words)

E. &amp; O.E

Indian Rupees One Lakh Thirty Two Thousand Eight Hundred Sixty Eight Only

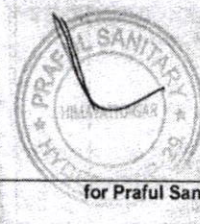
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|---------|---------------|------------------|--------------------|----------------|------------------|------------------|
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| 99      | 2,500.00      | 9%               | 225.00             | 9%             | 225.00           | 450.00           |
| Total   | 1,12,600.00   |                  | 10,134.00          |                | 10,134.00        | 20,268.00        |

Tax Amount (in words) : Indian Rupees Twenty Thousand Two Hundred Sixty Eight 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



# E - WAY BILL SYSTEM



## e-Way Bill



E-Way Bill No: 1412 7455 0997  
 E-Way Bill Date: 30/11/2020 11:39 AM  
 Generated By: 36ACW PG486 4A1ZG - ASHISH GUPTA  
 Valid From: 30/11/2020 11:39 AM [35Kms]  
 Valid Until: 01/12/2020

### Part - A

GSTIN of Supplier 36ACWPG4864A1ZG,PRAFUL SANITARY  
 Place of Dispatch Himayat Nagar,TELANGANA-500029  
 GSTIN of Recipient 36ACQ FS204 4C1Z7 ,SUMMIT SALES LLP  
 Place of Delivery SECUNDERABAD,TELANGANA-501301  
 Document No. PS/20-21/593  
 Document Date 30/11/2020  
 Transaction Type: Regular  
 Value of Goods ₹ 132868  
 HSN Code 6910 - WARE(+1)  
 Reason for Transportation Outward - Supply

### Transporter

### Part - B

| Mode | Vehicle / Trans<br>Doc No & Dt. | From             | Entered Date           | Entered By      | CEWB<br>No.<br>(If any) | Multi<br>Veh.Info<br>(If any) |
|------|---------------------------------|------------------|------------------------|-----------------|-------------------------|-------------------------------|
| Road | TS09UA2919                      | Himayat<br>Nagar | 30/11/2020 11:39<br>AM | 36ACWPG4864A1ZG | -                       | -                             |



141274550997

## Purchase Order

Page(s) 1 Of 1

25-11-2020 4:16:01 PM



iv. Copy

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

72444

16.11.20 11:25:36

### Supplier Details

Praful Sanitary  
3-6-138/5, Himayat Nagar, Hyderabad.

Doc No 72444 168158

Doc Date 25-11-2020

Quote No Nil

Quote Date 10-08-2020

SupplyType Supply

GSTIN 36ACWPG864A1ZG

40077300

65526886.

9849624797

Kind Attn : Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

| Item Name                                                                                     | Qty   | Rate     | Dis%  | GST   | Amount     |
|-----------------------------------------------------------------------------------------------|-------|----------|-------|-------|------------|
| 1 10232 - Plumbing - sanitary - EWC + flush tank + seat cover - NA - nos<br>Etios 20096/21056 | 20.00 | 9,330.00 | 50.00 | 18.00 | 110,094.00 |
| 2 7321 - Plumbing - sanitary - Washbasin - other - nos                                        | 20.00 | 1,510.00 | 50.00 | 18.00 | 17,818.00  |
| 3 7348 - Plumbing - sanitary - Pedastal - NA - nos<br>11027                                   | 20.00 | 1,680.00 | 50.00 | 18.00 | 19,824.00  |
| Total Order Value . . .                                                                       |       |          |       |       | 147,736.00 |

Rupees : One Lakh(s) Fourty Seven Thousand Seven Hundred Thirty Six Only.

### Terms and Conditions :-

Specification / Brand All items shall be of 'Hindware brand

Payment Terms After Delivery & Production of bill

Tax GST included in above price.

Delivery Date Within 3 days

Delivery Location Summit Housing LLP  
Cherlapally, Behind Kingston PG college, Hyderabad  
Phone. 9618244433, Hamendra, 9502266233, Mahesh.

Penalty For Delay Nil

Transportation Cost Extra.

Warranty Nil

Advance Paid Nil

Other Terms We reserve the right to reject items not conforming to quality and specifications. Above order for stock maintain purpose.

Completion Date Nil

Measurment Nil

Security Nil

Remarks

Part quantity Received Balance  
Receivable -  
Bill No - 593 dt - 30/11/2020  
Amt - 1,32,868/-  
Balance Amt - 14,868/-

For **Summit Sales LLP**

Authorised Signatory

Accepted the above Terms And Conditions

For **Praful Sanitary**

Name :

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

Date : / /

# Requisition Form

|                                |       |          |            |
|--------------------------------|-------|----------|------------|
| Company Name:                  | SSLLP | Date:    | 23.11.2020 |
| Site & Phase :                 | SHLLP | Time:    | 16.00      |
| Supplier                       |       | Req. No. | 168158     |
| Material required before date: |       | ID No.   | 61797      |

| No | Description  | Size | Quantity | Units | Inward No | Date |
|----|--------------|------|----------|-------|-----------|------|
| 1  | EWC FULL SET |      | 20       | NOS   |           |      |
| 2  | WASH BASIN   |      | 20       | NOS   |           |      |
| 3  | PEDASTAL     |      | 20       | NOS   |           |      |
| 4  |              |      |          |       |           |      |
| 5  |              |      |          |       |           |      |
| 6  |              |      |          |       |           |      |
| 7  |              |      |          |       |           |      |
| 8  |              |      |          |       |           |      |
| 9  |              |      |          |       |           |      |

Remarks: Stock maintenance at ssllp and site use

|              |            |              |  |
|--------------|------------|--------------|--|
| Prepared By  | SOWMYA     | Approved by  |  |
| Sign. & Date | 23.11.2020 | Sign. & Date |  |

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

25 NOV 2020