

PURCHASE DIVISION  
Advice for approval for credit to supplier

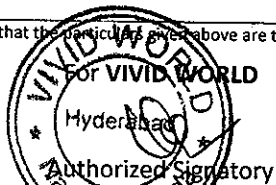
(E)

|                                                               |                             |                                                                                                                                                                           |                                                          |
|---------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Date: 07/12/2020                                              |                             | Prepared by: NEHA .C                                                                                                                                                      |                                                          |
| PO/WO no. 72407                                               |                             | PO / WO Date. 18/11/2020                                                                                                                                                  |                                                          |
| Supplier Name M/s. Vivid world                                |                             | PO/WO amount 1038.4/-                                                                                                                                                     |                                                          |
| Firm/Company SSLP                                             |                             | Project Head office                                                                                                                                                       |                                                          |
| Sl. No.                                                       | Bill No.                    | Bill Date                                                                                                                                                                 | Bill amount                                              |
| 1                                                             | 1890                        | 19/11/20                                                                                                                                                                  | 1038.4/-                                                 |
| 2                                                             |                             |                                                                                                                                                                           |                                                          |
| 3                                                             |                             |                                                                                                                                                                           |                                                          |
| 4                                                             |                             |                                                                                                                                                                           |                                                          |
| Amount A – Bills total(Excluding Transport & Hamali Charges): |                             |                                                                                                                                                                           | 1038.4/-                                                 |
| Sl. No.                                                       | DC No                       | DC. Date                                                                                                                                                                  | MRN No. DC matches MRN                                   |
| 1.                                                            |                             |                                                                                                                                                                           | <input 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              |                             |                                                                                                                                                                           | —                                                        |
| Amount C –Other Debits :                                      |                             |                                                                                                                                                                           | —                                                        |
| Amount D (D=A+B-C) – Amount to be credited to the supplier:   |                             |                                                                                                                                                                           | 1038.4/-                                                 |
| Amount E – PO / WO value:                                     |                             |                                                                                                                                                                           | 1038.4/-                                                 |
| Amount F – Difference (A – E): GST-18%                        |                             |                                                                                                                                                                           | —                                                        |
| Quantity received as per PO /WO                               |                             | <input checked="" 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 checked="" 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                                            |                             | 11/12/2020                                                                                                                                                                |                                                          |
| Remarks:                                                      |                             |                                                                                                                                                                           |                                                          |
|                                                               |                             |                                                                                                                                                                           |                                                          |
| Approved by                                                   | Purchase Officer            | Purchase Manager                                                                                                                                                          | Procurement Manager                                      |
| MD                                                            | Accounts – receiver of bill | Accountant                                                                                                                                                                | Accounts Manager                                         |
| Sign:                                                         | [Signature]                 |                                                                                                                                                                           |                                                          |
| Date                                                          | 07/12/20                    |                                                                                                                                                                           |                                                          |

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/-

**GSTIN : 36AVTPS1528D1ZB**

# TAX INVOICE

|                                                                                                            |  |                      |       |      |                   |        |                                                                                       |      |       |      |         |         |
|------------------------------------------------------------------------------------------------------------|--|----------------------|-------|------|-------------------|--------|---------------------------------------------------------------------------------------|------|-------|------|---------|---------|
| Invoice No. : 1890                                                                                         |  |                      |       |      | Transport Mode :  |        |                                                                                       |      |       |      |         |         |
| Invoice Date : 19/11/2020                                                                                  |  |                      |       |      | Vehicle Number :  |        |                                                                                       |      |       |      |         |         |
| Reverse Charge (Y/N) :                                                                                     |  |                      |       |      | Date of Supply :  |        |                                                                                       |      |       |      |         |         |
| State : TELANGANA                                                                                          |  |                      | Code  |      | 36                |        |                                                                                       |      |       |      |         |         |
| Bill to Party                                                                                              |  |                      |       |      | Ship to Party     |        |                                                                                       |      |       |      |         |         |
| Address: M/S . SUMMIT SALES LLP<br>5-4-187/3&4 , 2 <sup>ND</sup> FLOOR, SOHAM MANSION,<br>MG ROAD, SECBAD. |  |                      |       |      | GATE PASS NO:2517 |        |                                                                                       |      |       |      |         |         |
| GST: 36ACQFS2044C1Z7.                                                                                      |  |                      |       |      | GSTIN :           |        |                                                                                       |      |       |      |         |         |
| State : TELANGANA                                                                                          |  |                      | Co de |      | State :           |        |                                                                                       |      | Code  |      |         |         |
| Product Description                                                                                        |  | HSN Code             | U O M | Qty. | Rate              | Amount | TAXABLE VALUE                                                                         | CGST |       | SGST |         | TOTAL   |
|                                                                                                            |  |                      |       |      |                   |        |                                                                                       | RATE | AMT   | RATE | AMT     |         |
| HP 12A LASER TONER REFILLING                                                                               |  | 3707                 |       | 01   | 230.00            | 230.00 | 41.40                                                                                 | 9%   | 20.70 | 9%   | 20.70   | 271.40  |
| HP 12A LASER TONER DEUM                                                                                    |  | 8443                 |       | 02   | 325.00            | 650.00 | 117.00                                                                                | 9%   | 58.50 | 9%   | 58.50   | 767.00  |
|                                                                                                            |  |                      |       |      |                   |        |                                                                                       |      |       |      |         |         |
|                                                                                                            |  |                      |       |      |                   |        |                                                                                       |      |       |      |         |         |
|                                                                                                            |  |                      |       |      |                   |        |                                                                                       |      |       |      |         |         |
|                                                                                                            |  |                      |       |      |                   |        |                                                                                       |      |       |      |         |         |
|                                                                                                            |  |                      |       |      |                   |        |                                                                                       |      |       |      |         |         |
|                                                                                                            |  |                      |       |      |                   | 880.00 | 158.40                                                                                |      |       |      |         | 1038.40 |
| RS . ONE THOUSAND THIRTY EIGHT AND FORTY PAISE (RS.1038.40)                                                |  |                      |       |      |                   |        | ADD :CGST 9%                                                                          |      |       |      | 880.00  |         |
|                                                                                                            |  |                      |       |      |                   |        | ADD :SGST 9%                                                                          |      |       |      | 79.20   |         |
|                                                                                                            |  |                      |       |      |                   |        | Total Amount After Tax                                                                |      |       |      | 1038.40 |         |
|                                                                                                            |  |                      |       |      |                   |        | GST on Reverse Charge                                                                 |      |       |      |         |         |
| Bank Details                                                                                               |  |                      |       |      |                   |        | Certified that the particulars given above are true and correct                       |      |       |      |         |         |
| Bank Name                                                                                                  |  | : INDIAN BANK        |       |      |                   |        |  |      |       |      |         |         |
| Branch                                                                                                     |  | : Narayanguda Branch |       |      |                   |        |                                                                                       |      |       |      |         |         |
| Bank A/C                                                                                                   |  | : 406746378          |       |      |                   |        |                                                                                       |      |       |      |         |         |
| Bank IFSC                                                                                                  |  | : IDIB000N015        |       |      |                   |        |                                                                                       |      |       |      |         |         |
|                                                                                                            |  |                      |       |      |                   |        | Common Seal                                                                           |      |       |      |         |         |

# Purchase Order

Page(s) 1 Of 1

24-11-2020 16:10:52

Or



72407

16.11.20 11:25:35

From Company : **Summit Sales LLP**

5-4-187/3&amp;4, II nd floor, MG Road, Secunderabad - 500003.

G S T No. : 36ACQFS2044C127

**Supplier Details**Vivid World  
204, Kubera Towers, Narayanaguda, Hyderabad.

GSTIN 36AVTPS1528D1ZB

6682-3161/ 6682-3171

92462-15868

|            |            |       |
|------------|------------|-------|
| Doc No.    | 72407      | 16686 |
| Doc Date   | 18-11-2020 |       |
| Quote No   | Nil        |       |
| Quote Date | 18-11-2020 |       |
| SupplyType | Supply     |       |

Kind Attn : Mr. Vishal

Purchase Order for the Supply of following Items.

| Item Name                                                       | Qty  | Rate   | Dis% | GST   | Amount   |
|-----------------------------------------------------------------|------|--------|------|-------|----------|
| 1 3523 - Computers and Peripherals - Toner refill - NA - nos    | 1.00 | 230.00 | 0.00 | 18.00 | 271.40   |
| 2 3530 - Computers and Peripherals - Toner Magnet - Other - nos | 2.00 | 325.00 | 0.00 | 18.00 | 767.00   |
| Total Order Value . . .                                         |      |        |      |       | 1,038.40 |
| Rupees : One Thousand Thirty Eight and Paise Fourty Only.       |      |        |      |       |          |

**Terms and Conditions :-**

Specification / As per details given in the quotation

Payment Terms After Delivery &amp; Production of bill

Tax All taxes included in above price.

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 Included in the above price.

Warranty Nil

Advance Paid Nil

Other Terms We reserve the right items not conforming to quality and specifications. Above order for office use Ramakrishna

Completion Date Nil

Measurment Nil

Security Nil

Remarks

For **Summit Sales LLP**

Authorised Signatory

Accepted the above Terms And Conditions

For **Vivid World**Name : 

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

Date : \_\_/\_\_/\_\_

Contact : \_\_\_\_\_

### Requisition Form

|                                |  |                  |  |          |  |          |  |
|--------------------------------|--|------------------|--|----------|--|----------|--|
| Company Name:                  |  | Summit Sales LLP |  | Date:    |  | 19-11-20 |  |
| Site & Phase :                 |  | Head office      |  | Time:    |  |          |  |
| Supplier                       |  |                  |  | Req. No. |  | 16686    |  |
| Material required before date: |  |                  |  | ID No.   |  | 61722    |  |

| No | Description         | Size | Quantity | Units | Inward No | Date |
|----|---------------------|------|----------|-------|-----------|------|
| 1  | 88A toner refilling |      | 1        | No    |           |      |
| 2  | 88A Toner Drum      |      | 1        | No    |           |      |
| 3  | 88A Toner PCR       |      | 1        | No    |           |      |
| 4  |                     |      |          |       |           |      |
| 5  |                     |      |          |       |           |      |
| 6  |                     |      |          |       |           |      |
| 7  |                     |      |          |       |           |      |
| 8  |                     |      |          |       |           |      |
| 9  |                     |      |          |       |           |      |
| 10 |                     |      |          |       |           |      |

Remarks: This is for Krissna prasad printer

|              |  |           |  |              |  |  |  |
|--------------|--|-----------|--|--------------|--|--|--|
| Prepared By  |  | K. Suneel |  | Approved by  |  |  |  |
| Sign. & Date |  | 19-11-20  |  | Sign. & Date |  |  |  |

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

**APPROVED**  
 24 NOV 2020  
 P. PRABHAKAR  
 Sr. MANAGER PURCHASE

### 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.