# PURCHASE DIVISION Advice for approval for credit to supplier

Date: 21-12-20			Prepared by:		Prabhakar.P					
PO/WO no. 72456				PO / WO Date.		26-11-20				
Supplier Name Summit Sales LLP					PO/WO	PO/WO amount		1,23,900-00		
Firm/Comp	any	Modi Realty	Mallapur	LLP		Project	Project		GMR	
Sl. No. Bill No.							Bill Date		Bill amount	
1 143						4-12-20			1,23,900-00	
3										
4										
Amount A	– Bills	total(Excludi	ng Trans	port & l	Hamali Cha	rges):				1,23,900-00
Sl. No.	DC .	No		DC. I	Date		MRN	No.	DC matches MI	RN
1.							86321		√Yes □ No	
2.		<del></del>							□ Yes □ No	
3.									□ Yes □ No	
Amount B	-Othe	r Credits :_Tra	nsportatio	on char	ges					
Amount C	-Othe	r Debits :								
Amount D	(D=A	+B-C) – Amou	unt to be	credited	d to the supp	olier:				1,23,900-00
Amount E	- PO /	WO value:							/	1,23,900-00
Amount F	– Diffe	erence (A – E)	: GST-18	3%	/	/				
Quantity re	ceive	d as per PO/W	O .		Yes	□ Excess	received	□ Short receive	d   Other (explain	ned below)
Is difference	e betw	veen PO / Bill	acceptab	le?	□ Yes	□ No (exp	lained be	elow)		
Excess / sh	ort ma	aterial received	l		-B App	roved – w	ithin acce	eptable limits	No (explained be	low)
Close PO /	W?O				Yes	□ No – wa	ait for bal	ance material	No (explained b	elow)
Advance p	aid / P	DC given (dec	luct wher	n paying	g) 🗆 Yes	– Rs <u>.</u>	/- p No			
Payment -	due d	ate			28-12-	20			_ =	
Remarks:										
Approve	ed	Purchase Officer	Purch Mana		Procuren Manage	20000000	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:			PS	1	-					
Date			01	12						

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/-

P

# **ICON WATER SOLUTIONS**

Plot No:- 11, SriRam Nagar Colony, CHINTAL HYDERABAD,

email:iconwatersolutions@gmail.com

, Mobile:+91 9949989287

GSTIN: 36AGCPV1268R1ZM

	GSTIN:	36AGCPV1	268R1ZM					
DC & INVOICE				Original for	Receipient			
					Duplicate for Transporter			
				Triplicate for Supplier				
Reverse Charge :		ortation Mo	de :	local				
	13 P.O Nui			72456	6860			
Invoice Date : 4/12/20	20 Date of	Supply	:	4/12/2020				
State Telangana	Place o	f Supply	Rampally Mariapy	^				
Details of Receiver   Billed to:		I	Details of Cons	ignee   Shippe	ed to:			
Name: M/S.MODI REALITY MALLAPUR LLP		Name: M/S.MODI REALITY MALLAPUR LLP						
Address: 5-4-187/3&3, 2nd floor ,Sohan Mansion	n	Address: 5-4-187/3&3, 2nd floor ,Sohan Mansion,						
secundrabad			secundrabad					
GSTIN: 36AAEFM1459R1ZP		GSTIN:	GSTIN: 36AAEFM1459R1ZP					
State : telangana		State :	Telangana					
Sr. Name of Product / Service HSN	UOM	Qty	Rate	Amount	Taxable Value			
No.								
500 lph RO PLANT TIES 8421 EQUIPEMENT OF THE STATE OF THE		1	1,05,000.00	1,05,000	1,05,000.00			
	Total:							
Total Invoice Amount in Words:		Total Amo	ount Before Tax					
One lakh Twenty Three Thousand and Nine H	Add : CGS		9,450					
one takin riversey rimee riseasana and rime r	Add : SGS		9,450					
: Bank Details :		Add : IGS		7,130				
Bank Name:	Tax Amou		18,900					
Bank A/c No.:111505000555	Service Service Co. L. Company of the	ount After Tax	1,23,900.00					
Bank Branch IFSC: icic0001115	GST Payal	NA NA						
: Terms and Conditions :Goods once sold		Certified that the particulars given above are true and correct.						
not return back or exchange			For ICON WATE					
MODI REALTY MALLAPUR LLP Ward No. 1453 Dt. 071020			tuthorised	July 1				
MRN NO. 86321 Dt. 0817					[ E&OE			
A A A A A A A A A A A A A A A A A A A					[			
Received By. Omit Sign.								
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## **Purchase Order**

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26-11-2020 10:30:03 AM

26 NOV 2020

SOHAM MODIL
MANAGING DIRECTOR

From Company: Modi Reality Mallapur LLP

5-4-187/3&3, II nd floor, Soham Mansion, MG Road, Secunderabad.

G S T No.: 36AAEFM1459R1ZP

**Supplier Details** Icon Water Solutions Doc No 72456 68601 C/O 49-253/1, IDA, Padma Nagar, Phasse 1, Chintal, Hyderabad - 55. **Doc Date** 26-11-2020 **Quote No** NIL 8497927928-Sreenu(M.P.) 26-11-2020 **Quote Date** 9949989287/9052394142 SupplyType Supply

#### Kind Attn: Mr.V.Srinivas

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST%	Amount
1 5038 - Equipment - machinery - R.O. Plant - other - nos 500 LITRES PER HOUR	1.00	105,000.0	0.00	18.00	123,900.00
7.0		Total O	der Valu	e	123,900.00

### Terms and Conditions :-

Specification / Brand All items shall be of PENTAIR brand/company

**Payment Terms** 

50%Advance Balance after delivery

Tax

All taxes included in above price.

**Delivery Date** 

Next Day.

**Delivery Location** 

Gulmohar Residency

Survey No 19, Mallapur, Hyderabad. NExt to NFC Railway Over Bridge

Phone. Contact: Security \_\_\_\_\_, Admin 9502211011

**Penality For Delay** 

Nil

**Transportation Cost** 

Included in the above price.

Warranty

1 year from dt. of commissioning.

Advance Paid

Advance Rs,61950/-

Other Terms

We reserve the right to reject items not conforming to quality and specifications. Above order for Labour Drinking use purpose.

**Completion Date** 

NIL

Measurment

Nil Nil

Security Remarks

Contact Person Mr Ramprasad-8309938133

For Modi Reality Mallapur LLP

Authorised Signator

Accepted the above Terms And Conditions

For Icon Water Solutions

Name : \_

Name : \_

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

Requisition Form

	7	Re	quisit	ion Form			
Company Name:	ΓΥ MALLAPUR LI	P	Date:		20-11-2020		
Site & Phase:	RESIDENCY Time:				14:00		
Supplier		Req. No.				68601	
Material required	Required urgent	Required urgent ID No.			61709		
No	Description		Size	Quantity	Units	Inward No	Date
1. 500 LPH	I RO WATER PLAN	Γ	STD	1	NO'S	1,05,0001.	
2.						////	
3.							
4.							
5.			0		4		
6.	\ •		YO				
7.		00	1	2436.			
8.	00/11/0	020	1				
9.	70/2						
10.							
P~marks: FOR LA	ABOUR DRINKING	WATER PURPOSE	AT C	GMR SITE.		ay	1
Prepared By	M.LIKHITHA	2	A	approved by		OROVED	
Sign.& Date 20-11-2020		4	S	ign. & Date	T	APPROVED BY 2 I NOV 2020	
Note:			,		W	2 I NOV LOS	TOR