## PURCHASE DIVISION Advice for approval for credit to supplier

Date:		24/12/2020		Prepare	d by:		T.D. Murthy			
PO/WO no. 72444				PO / WO Date.		2	25/11/2020			
Supplier Name Praful Sanitary			PO		PO/WO amount		Rs. 1,47,736/-			
Firm/Com	pany	Summit Sales Ll	LP	Project			SHLLP			
Sl. No.		Bill No.		Bill Dat	e		Bill amount			
1.		607		03/12/2020			Rs. 18,762/-			
2.		-								
3.	·		v.			-				
4.										
Amount A	- Bills tot	al(Excluding Tran	sport & Hamali C	Charges):			Rs. 18,762/-	<del></del>		
Sl. No.	DC No		DC. Date		MRN No	0.	DC matches MRN	-		
1.	607		03/12/2020		86009					
2.	-		-				Yes 🗆 No			
3.	_		-		_		□ Yes □ No			
4.	_				-	□ Yes □ No				
Amount B		. 1:4	-	E	-		□ Yes □ No			
				-			-			
Amount C							-			
		C) – Amount to be	credited to the su	ipplier:	* ,	) a	Rs. 18,762/-			
Amount E	- PO / WC	value:					Rs. 1,47,736/-			
Amount F	- Differen	ce (A – E):					Rs1,28,974/-			
Quantity re	ceived as p	per PO/WO		Yes 🗆 Exc	ess receive	ed   Short rec	eived   Other (expl	ained below)		
Is differenc	e between	PO / Bill acceptab	ole?							
Excess / she	ort materia	l received		☐ Approved – within acceptable limits □ No (explained below)						
Close PO /	W?O	* ,		✓ Yes □ No – wait for balance material □ No (explained below)						
Advance pa	id / PDC g	given (deduct when	n paying)	□ Yes – Rs/- No						
Payment –	due date			26/12/2020						
Remarks: F	inal bill r	eceived.						***************************************		
	-		\ /	•				-		
A	4 P	wahaga D	hasa	amont	MD	A const-	Account	A		
Approve by			chase Prooff ager Mai		M D	Accounts – receiver of bill	1	Accounts Manager		
Sign:	(	796	Z 4 DC							
Date		merica	MINISH MANAGER P	ROCUREMENT						

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. 5,000/-, Purchase Manager and Procurement Manager to approve all bills from 5,000/- 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/-

Praful Sanitary 3-6-429/6,SRI SAI TOWER, St.No.4 HIMAYAT NAGAR Invoice No. Dated PS/20-21/ 607 HYDERABAD 3-Dec-2020 **Delivery Note** GSTIN/UIN: 36ACWPG4864A1ZG State Name : Telangana, Code : 36 Invoice E-Mail : prafulsanitary@gmail.com Supplier's Ref. Other Reference(s) Buyer 9502211788 **Summit Sales LLP** Buyer's Order No. 5-4-187/3&4, IInd Floor, M.G Road Dated 72444 25-Nov-2020 Secunderabad Despatch Document No. GSTIN/UIN **Delivery Note Date** 36ACQFS2044C1Z7 Invoice State Name Telangana, Code: 36 3-Dec-2020 Despatched through Destination Goods Vehicle Cherlapally SI Description of HSN/SAC No. GST Quantity Goods and Services Rate per Disc. % Amount Rate 550x400mm Wash Basin Delta (White) Hindware 6910 18 % 20 No: 1,510.00 No: 50 % 15,100.00 **Output CGST Output SGST** 1,431.00 Transport Charges @ 18% 99 1,431.00 18 % 800.00 Amount Chargeable (in words) Total 20 No: ₹ 18,762.00 Indian Rupees Eighteen Thousand Seven Hundred Sixty Two Only E. & O.E HSN/SAC Taxable Central Tax 6910 State Tax Value Total Rate Amount 99 Rate Amount 15,100.00 Tax Amount 9% 1,359.00 9% 1,359.00 800.00 2,718.00 9% 72.00 9% Total 72.00 Tax Amount (in words) Indian Rupees Two Thousand Eight Hundred Sixty Two Only 144.00 1,431.00 1,431.00 2,862.00 Company's PAN : ACWPG4864A Declaration We declare that this invoice shows the actual price of the goods for Praful Sanitary described and that all particulars are true and correct. Authorised Signatory

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice



Praful Sanitary

3-6-429/6,SRI SAI TOWER, St.No.4 HIMAYAT NAGAR HYDERABAD		Invo			Da	tea			
	Praful Sanitary  3-6-429/6,SRI SAI TOWER, St.No.4 HIMAYAT NAGAR						3-Dec-2020		
	Deli	very Note	***************************************						
GSTIN/UIN: 36ACWPG4864A1ZG		Invoice Supplier's Ref. Other Reference(s)							
State Name: Telangana, Code: 36 E-Mail: prafulsanitary@gmail.com	Sup								
Buyer	_			95	0221178				
Summit Sales LLP			Buyer's Order No. Dated 72444 25-Nov-2020						
5-4-187/3&4, IInd Floor, M.G Road									
Secunderabad			patch Docu	iment No.	Del	ivery Not	e Date		
GSTIN/UIN : 36ACQFS2044C1Z7		Invoice Despatched through Goods Vehicle				ec-2020	)		
State Name : Telangana, Code : 36						Destination			
		Goo	ods Vehic	le	Ch	erlapally			
SI Description of	HSN/SAC	GST	Quantity	Rate	per	Disc. %	Amount		
No. Goods and Services  1 550x400mm Wash Basin Delta (White) Hindware	1	Rate					,Qain		
Write) Hindware	6910	18 %	20 No:	1,510.00	No:	50 %	15,100.00		
Output CGS1									
Output SGS1							1,431.00		
Transport Charges @ 18%	99	18 %					1,431.00		
		10 70					800.00		
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DERTIES		73.73							
COE CO									
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12/12/26/									
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served By: Sign: Q	473		CLANT						
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SUMMIT SALES LLP	272 - Straigh virtuality Commission	CONTRACTOR STATES OF	CONTRACTOR CONTRACTOR	Material					
Company of the Compan			a Soli Ameri	Waterwood					
Total			20 No:						
Amount Chargeable (in words)			20 NO:			₹	18,762.00		
ndian Rupees Eighteen Thousand Seven Hundred Sixty T	wo Only	an ext					E. & O.E		
HSN/SAC	Taxa		Central T	ax	State	е Тах	Total		
3910	Valu		Rate Am	ount Rai		Amount	Tax Amount		
99	15,10	0.00			%	1,359.00	2,718.00		
	otal 15,90	0.00	1 4	72.00 9 <b>31.00</b>	%	72.00			
ax Amount (in words): Indian Rupees Two Thousand Eight Hun	dead OL			J1.UU		1,431.00	2,862.00		
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ompany's PAN ACWPG4994A							1		
Company's PAN : ACWPG4864A						for F	raful Sanitar		
eclaration Ve declare that this invoice shows the actual price of the						for F	Praful Sanitary		
				***************************************			Praful Sanitary		

## **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

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

GSTIN 36ACWPG864A1ZG

65526886.

40077300

9849624797

SupplyType Supply

Kind Attn: Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

1 10232 - Plu	Item Name	Qty	Rate	Dis%	GST	Amount
Cover - NA - Etilos 20096/210	mbing - sanitary - EWC + flush tank + seat	20.00	9,330.00	50.00	18.00	Amount 110,094.00
2 7321 - Plum	bing - sanitary - Washbasin - other - nos	20.00	1,510.00	50.00	18.00	17,818.00
3 7348 - Plum 11027	bing - sanitary - Pedastal - NA - nos	20.00	1,680.00	50.00	18.00	19,824.00
Rupees : One La	nkh(s) Fourty Seven Thousand Seven Hundred 1	Thirty Six Only	Total Ord	der Value		147,736.00
Terms and Cond	itions :-					1.5
Specification / Brand	All items shall be of 'Hindware brand	70	1 AV	aufity	Rei	leved Be
ayment Terms	After Delivery & Production of bill	1	2	vable	-	201.100
ax	GST included in above price.		Kecie	595	3 dtr	30/11/20
elivery Date	Within 3 days		DILLING	13	2,868	-101
elivery Location	Summit Housing LLP		AMI	1 - 1	.5.	4,868
enality For Delay	Cherlapally, Behind Kingston PG college, Hyderabad Phone. 9618244433, Hamendra, 9502266233, Mahesh.		Balan	ee An	(11-	30/11/201 4,868/

## Terms and Conditions :-

Nil

Penality For Delay **Transportation Cost** 

Extra.

Warranty

Nil

Advance Paid Other Terms

Nil

**Completion Date** 

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

Measurment

Nil

Security

Nil

Remarks

For Summit Sales LLP

Authorised Signatory

Accepted the above Terms And Conditions

For **Praful Sanitary** 

Name : \_ Date : \_\_/\_\_/\_\_ Requisition Form Date:

Company Name: SSLLP					Date:			23.11.2020	,	
Site &	Site & Phase : SHLLP			Time:			16.00			
Supplier				Req. No.			168158			
Mate	rial required before date:				ID No.			61797		
No	No Description			Size		Quantity	Units	Inward No	Date	
1	EWC FULL SET		. λ			20	NOS			
2	WASH BASIN	ريا				20	NOS			
3	PEDASTAL /	V				20	NOS		,	
4		`				*				
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1	Prepared By	SOWMYA	Approved by	PA	
	Sign.& Date	23.11.2020	Sign. & Date	OVED	

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

25 NOV 2020
25 NOV 2020
MANAGING DIRECTOR