

PURCHASE DIVISION
Advice for approval for credit to supplier

Date: 24/12/2020		Prepared by: NEHA .C	
PO/WO no. 72956		PO / WO Date. 10/12/2020	
Supplier Name Vivid world		PO/WO amount 389.41-	
Firm/Company villa orchids up		Project Head Head office	
Sl. No.	Bill No.	Bill Date	Bill amount
1	1921	10/12/2020	389.41-
2			
3			
4			
Amount A – Bills total(Excluding Transport & Hamali Charges):			389.41-
Sl. No.	DC .No	DC. Date	MRN No. DC matches MRN
1.	1	1	☐ Yes ☐ No
2.			☐ Yes ☐ No
3.			☐ Yes ☐ No
Amount B –Other Credits : Transportation charges			—
Amount C –Other Debits :			—
Amount D (D=A+B-C) – Amount to be credited to the supplier:			389.41-
Amount E – PO / WO value:			389.41-
Amount F – Difference (A – E): GST-18%			—
Quantity received as per PO / WO		☒ Yes ☐ Excess received ☐ Short received ☐ Other (explained below)	
Is difference between PO / Bill acceptable?		☒ Yes ☐ No (explained below)	
Excess / short material 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)		☐ Yes – Rs. ___/- ☒ No	
Payment – due date		28/12/2020	
Remarks:			
Approved by	Purchase Officer	Purchase Manager	Procurement Manager
Sign:	<i>Neha</i>		
Date	24/12/20		

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/-

A Complete Solution for all your cartridge needs

GSTIN : 36AVTPS1528D1ZB

72956

Invoice No. : 1921			Transport Mode :
Invoice Date : 10/12/2020			Vehicle Number :
Reverse Charge (Y/N) :			Date of Supply :
State : TELANGANA	Code	36	

Ship to Party

GATE PASS NO:2524

GSTIN :

State :

Code

[illegible]

ADD :CGST 9%	
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29.70

ADD: SGST 9%

29.70

Total Amount After Tax

389.40

GST on Reverse Charge

Certified that the particulars given above are true and correct

Bank Name	: INDIAN BANK
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Branch : Narayanquda Branch

Bank A/C : 406746378

Bank IFSC : IDIB000N015

Common Seal

For VIVID WORLD

Authorized Signatory

Purchase Order



72956

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From Company : **Villa Orchids LLP**
5-4-187/3 & 4, IInd Floor, M.G.Road, Secunderabad - 500003
G S T No. : 36AANFG4817C1ZH

Supplier Details

Vivid World
204, Kubera Towers, Narayanaguda, Hyderabad.

GSTIN 36AVTPS1528D1ZB

6682-3161/ 6682-3171

92462-15868

Doc No	72956	16741
Doc Date	10-12-2020	
Quote No	Nil	
Quote Date	10-12-2020	
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 3522 - Computers and Peripherals - Toner drum - NA - nos	1.00	100.00	0.00	18.00	118.00
Total Order Value . . .					389.40

Rupees : Three Hundred Eighty Nine and Paise Fourty Only.

Terms and Conditions :-**Specification /** As per details given in the quotation**Payment Terms** After Delivery & Production of bill**Tax** All taxes included in above price.**Delivery Date** Same Day

Delivery Location Head Office
5-4-187/3 & 4, IInd 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 Nagamalleshwar sir**Completion Date** Nil**Measurment** Nil**Security** Nil**Remarks**For **Villa Orchids LLP**

Authorised Signatory

Accepted the above Terms And Conditions

For **Vivid World**

Name : _____

Name : _____

Date : ____/____/____

Contact : _____

Requisition Form

Company Name:		Villa orchids LLP		Date:		10-12-2020	
Site & Phase :		Head Office		Time:			
Supplier		Vivid world		Req. No.		16741	
Material required before date:					ID No.		62257
No	Description	Size	Quantity	Units	Inward No	Date	
1	12A Toner refilling		1	No			
2	12A Toner Blade		1	No			
3							
4							
5							
6							
7							
8							
9							
10							
Remarks: This is for Nagamalleswar printer							
Prepared By		Suneel		Approved by			
Sign. & Date		10-12-2020		Sign. & Date			

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