PURCHASE DIVISION Advice for approval for credit to supplier

Date:		29/1	2/200	20		Prepare	d by:		NEHA .C		
PO/WO no		730	54			PO / Wo	Date.		17/12/	20	
Supplier Name Firm/Company SI. No. Bill No. 1 676 2 Amount A – Bills total(Excluding Transport		Sanit	anu	PO/WO	amount		1,222				
Firm/Comp	any		4	ome 1		Project			Vista Home		
Sl. No.		Bill No.		W. 1 C3		Bill Dat	e	-	Bill amount	10000	
1		676				22	12/2	920	1,222		
2		0 18					112/2		1) 22 -		
3											
4								•			
Amount A	– Bills t	otal(Exclud	ing Trans	port & Ha	mali Charg	es):			1, 222		
Sl. No.	DC .N	0		DC. Dat	e		MRN 1	No.	DC matches M		
1.					1		eci	598	□ Yes □ No		
2.							0.00	3 1 3	□ Yes □ No		
3.									□ Yes □ No		
Amount B	-Other	Credits :_Tra	insportatio	on charges	3						
Amount C	Other	Debits :									
Amount D	(D=A+I	3-C) – Amo	unt to be	credited to	the suppli	er:			1,222		
Amount E	PO / V	VO value:						2	1,222		
Amount F	- Differ	ence (A - E)): GST-18	%					-		
Quantity re	ceived a	s per PO /W	/O		7 Yes 🗆	Excess re	ceived [Short received	l □ Other (explai	ned below)	
Is difference	e betwe	en PO / Bill	acceptabl	le?	□ Yes □	No (expla	ined bel	ow)			
Excess / sh	ort mate	rial received	1		□ Appro	ved – wit	hin accep	otable limits [No (explained be	elow)	
Close PO /	W?O				Yes 🗆	No – wai	for bala	nce material	No (explained b	elow)	
Advance pa	id / PD	C given (dec	duct when	paying)	□ Yes -	Rs/	No				
Payment -	due date	;			101	01/2	021				
Remarks:						0 2					
Approve by	d]	Purchase Officer	Purch Mana	CT (1)	Procuremer Manager	nt N	ИD	Accounts – receiver of bill	Accountant	Accounts Manager	
Sign:	1	jehr.	233		The state of the s						
Date	20	1/12/20	201	2-							

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/-

Praful Sanitary

Invoice No.

Dated

	6-429/6,SRI SAI TOWER,			20-21/ 676		22-	Dec-202	0
	.No.4 HIMAYAT NAGAR YDERABAD		1000	ery Note				8
G	STIN/UIN: 36ACWPG4864A1ZG		Invo			Oth	er Refere	222(2)
	ate Name : Telangana, Code : 36		Supp	olier's Ref.				nce(s)
	Mail : prafulsanitary@gmail.com		-	1- 0-11	-		edit	
	iyer			r's Order N	0.	Date		
	sta Homes		730				Dec-202	
	4-187/3 & 4, IInd Floor, M.G.Road			atch Docu	ment No.	The resident	ivery Note	100000000000000000000000000000000000000
	ecunderabad STIN/UIN : 36AAGFV2068P1ZJ		Invo				Dec-202	0
	ate Name : Telangana, Code : 36			atched thre	ougn		stination	
-	ato Hamo		Self			Ku	shaiguda	a
SI	Description of	HSN/SAC	GST	Quantity	Rate	ner	Disc. %	Amount
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	Output SGST							93.24
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	Vista Homes	SEC'BA	-	100 700	10 88	100		
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	Total		-	100 No:		+	1	₹ 1,222.00
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In	dian Rupees One Thousand Two Hundred Twenty Two							A STATE OF
	HSN/SAC		kable	Central			ate Tax	Total
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99		1,	30.00	9%	93.24	9%	93.2	186.48
		otal 1,	036.00	0,0	93.24	0,0	93.2	186.48
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ıa	x Amount (in words) : Indian Rupees One Hundred Eighty Six	and Forty	Eight	paise On	ly			AA
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							13	18/1
C	ompany's PAN : ACWPG4864A		-				These	Destate 1
De	eclaration						for	Praful Sanitary
W	e declare that this invoice shows the actual price of the goods							
de	escribed and that all particulars are true and correct.		1				Aut	horised Signatory
	SUBJECT TO HYDER	DAD ILIDIO	DIOTION				, 100	Olgridioly

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice

Purchase Order



Page(s) 1 Of 1

18-12-2020 1:37:33 PM

Orig

16.12.20 11:34

From Company: Vista Homes

5-4-187/3 & 4, IInd Floor, M.G.Road, Secunderabad - 500003

G S T No.: 36AAGFV2068P1ZJ

	Doc No	73054	10501	
abad.	Doc Date	17-12-2020		
	Quote No	nIL		
40077300	Quote Date	17-12-2020		
9849624797	SupplyType	Supply		
		Doc Date Quote No 40077300 Quote Date	Doc Date 17-12-202 Quote No nIL 40077300 Quote Date 17-12-202	

Kind Attn: Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Qty	Rate	Dis%	GST	Amount
100.00	12.95	20.00	18.00	1,222.48
	Total O	der Valu	e	1,222.48
		100.00 12.95	100.00 12.95 20.00	.,

Terms and Conditions :-

Specification / Brand As per details given in the quotation.

Payment Terms

Within 30 days of delivery.

Tax

All taxes included in above price.

Delivery Date

Within 3 days

Delivery Location

Vista Homes

Sy. No. 193, Kapra, Hyd. From ECIL take left in lane opposite MRR school

Phone. Contact: 8790166611

Penality For Delay

Transportation Cost

Included by us!

Warranty

7 years warranty

Advance Paid

Other Terms

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

Completion Date

Nil

Measurment

Nil Nil

Security Remarks

For Vista Homes Authorised Signatory Accepted the above Terms And Conditions

For Praful Sanitary

Date : __/_/__ Name:

Requisition Form

2	pany Name:	Vista Homes				Date:			16.12.2020		
Site	& Phase:	Vista Hon	nes			Time:			16:31		
Supp	lier:				Rec	q. No.			10501		
Mate	erial required before date:		19.12.20		ID	No.			623	60	
No	Descrip	tion		Size	e	(Quantity	Units	Inwa	ard No	Date
1	GI Nipple			½"x	3"		100	No's			
2											
3		30	54								
4	-/	150									
5							\	1			
6							APP	ROVED			
7							171	DEC 2020			
8											
9	9						MINIS	H PARIK	ENT		
m	arks: For Loft tank fixing P	urpose.					MANAGER	THOUGHEN			
Prepa	ared By	Snehapriy	'a	Ap		Approved by			Madhu		
Sign	& Date	16.12.202	0.0		Sig	n. & Da	ite				

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

Requisition Form

Company Name:	Vista Hom	Vista Homes Requisition				22.07.2020		
Site & Phase :		Vista Homes				12:10		
Supplier		Rec						
Material required be	27.07.20	ID N	0.					
No	Description		Size	Quantity	Units	Inward No	Date	
1								
2								
3								
V								
5								
6								
7								
8								
9								
Remarks: For								
Prepared By	Madhu		Appr	oved by		Madhu		
Sign.& Date			Sign.	& Date				