PURCHASE DIVISION

Advice for approval for credit to supplier

Date:	31/12/20	Prepared by:	NEHA .C
PO/WO no.	71480	PO / WO Date.	21/10/20
Supplier Name	Praful Shetty	PO/WO amount	147194
Firm/Company	SSLLP	Project	SHLLP
Sl. No.	Bill No.	Bill Date	Bill amount
1	489	4/11/20	16667
2			
3			
4			
Amount A – Bills total(Excluding Transport & Hamali Charges):			16667

Sl. No.	DC .No	DC. Date	MRN No.	DC matches MRN
1.			84932	☐ ~~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:	16667
Amount E – PO / WO value:	147194
Amount F – Difference (A – E): GST-18%	130527

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	8/1/21
Remarks: Short Recd	

Approved by	Purchase Officer	Purchase Manager	Procurement Manager	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:	[signature]	[signature]					
Date	31/12/20	8/1					

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/-

GST INVOICE

(ORIGINAL FOR RECIPIENT)

Praful Sanitary
3-6-429/6,SRI SAI TOWER,
St.No.4 HIMAYAT NAGAR
HYDERABAD
GSTIN/UIN: 36ACWPG4864A1ZG
State Name : Telangana, Code : 36
E-Mail : prafulsanitary@gmail.com

Invoice No. **PS/20-21/ 489**	Dated **4-Nov-2020**
Delivery Note **Invoice**	
Supplier's Ref.	Other Reference(s) **Credit**
Buyer's Order No. **71480**	Dated **21-Oct-2020**
Despatch Document No. **Invoice**	Delivery Note Date **4-Nov-2020**
Despatched through **Self**	Destination **Cherlaplly**
Bill of Lading/LR-RR No.	Motor Vehicle No. **TS10UA9758**

Buyer
Summit Sales LLP
5-4-187/3&4, IInd Floor, M.G Road
Secunderabad
GSTIN/UIN : 36ACQFS2044C1Z7
State Name : Telangana, Code : 36

Sl No.	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	**CP Pillar Cock**	8481	18 %	**8 No:**	790.00	No:	37.28 %	**3,963.90**
2	**CP Sink Cock**	8481	18 %	**12 No:**	1,350.00	No:	37.28 %	**10,160.64**
								14,124.54
	Output CGST							**1,271.21**
	Output SGST							**1,271.21**
	ROUNDING OFF							**0.04**
	Total			**20 No:**				**₹ 16,667.00**

MODI PROPERTIES PVT. LTD. SEC'BAD INWARD No. 11940 Date: 10/11 Sign:

Amount Chargeable (in words) *E. & O.E*
Indian Rupees Sixteen Thousand Six Hundred Sixty Seven Only

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
8481	14,124.54	9%	1,271.21	9%	1,271.21	2,542.42
Total	14,124.54		1,271.21		1,271.21	2,542.42

Tax Amount (in words) : **Indian Rupees Two Thousand Five Hundred Forty Two and Forty Two paise Only**

Company's PAN : **ACWPG4864A**

Declaration
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

for Praful Sanitary

Authorised Signatory

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice

INWARD
ard No: 15203 Dt: 4/11/20
GRN No: 84932 Dt: 6/11/20
Received By: Sign:
SUMMIT SALES LLP

Certified by:
Stores Manager

489.

Purchase Order

 21-10-2020 4:56:55 PM

71480
10.10.20 12:36:44

From Company : **Summit Sales LLP**
5-4-187/3&4,II nd floor,MG Road, Secunderabad-500003.
G S T No. : 36ACQFS2044C1Z7

Supplier Details

Praful Sanitary
3-6-138/5, Himayat Nagar, Hyderabad.

GSTIN 36ACWPG864A1ZG 40077300
65526886. 9849624797

Doc No	71480	168056
Doc Date	21-10-2020	
Quote No	Nil	
Quote Date	16-05-2020	
SupplyType	Supply	

Kind Attn : Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

	Item Name	Qty	Rate	Dis%	GST	Amount
1	7045 - Plumbing - CP - Wall Mixer - other - nos *F200020*	18.00	3,650.00	37.28	18.00	48,624.31
2	7302 - Plumbing - sanitary - Health Faucet - NA - nos *F160027*	25.00	685.00	37.28	18.00	12,674.14
3	7036 - Plumbing - CP - Shower arm - NA - nos *F200028*	18.00	490.00	37.28	18.00	6,527.65
4	7037 - Plumbing - CP - Shower head - NA - nos *F160025*	18.00	685.00	37.28	18.00	9,125.38
5	7033 - Plumbing - CP - Pillar cock - NA - nos *F200001*	20.00	790.00	37.28	18.00	11,693.52
6	7042 - Plumbing - CP - Stop Cock - 1/2 In - nos *F200005*	50.00	725.00	37.28	18.00	26,828.48
7	7377 - Plumbing - CP - Sink Cock With Swivel Spout - NA - Nos *F200024*	12.00	1,350.00	37.28	18.00	11,989.56
8	10046 - Plumbing - CP - Tap Short Body - NA - nos *F200003*	14.00	790.00	37.28	18.00	8,185.46
9	7023 - Plumbing - CP - Bib cock - other - nos *2 IN 1*	15.00	1,040.00	37.28	18.00	11,545.50
				Total Order Value . . .		**147,193.99**

Rupees : One Lakh(s) Fourty Seven Thousand One Hundred Ninty Three and Paise Ninty Nine Only.

Terms and Conditions :-

Specification / Brand	All items shall be of 'Hindware' brand, Classic series
Payment Terms	Within 30 days of delivery.
Tax	All taxes included in above price.
Delivery Date	Within 3 days
Delivery Location	Summit Housing LLP Cherlapally,Behind Kingston PG college, Hyderabad Phone. 9618244433, Hamendra,9502266233, Mahesh.
Penality For Delay	Nil
Transportation Cost	Included by us !
Warranty	7 years warranty
Advance Paid	Nil

For ***Summit Sales LLP***

Authorised Signatory

Name :

Accepted the above Terms And Conditions

For ***Praful Sanitary***

Name : ____________________

Date : __/__/____