PURCHASE DIVISION

Advice for approval for credit to supplier

Date:	4/1/21	Prepared by:	NEHA .C
PO/WO no.	72851	PO / WO Date.	9/12/20
Supplier Name	Prafull Singh	PO/WO amount	24875
Firm/Company	NE	Project	NH
Sl. No.	Bill No.	Bill Date	Bill amount
1	687	19/12/20	24874
2			
3			
4			
Amount A – Bills total(Excluding Transport & Hamali Charges):			24874

Sl. No.	DC .No	DC. Date	MRN No.	DC matches MRN
1.			86896	☑ 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:	24874
Amount E – PO / WO value:	24875
Amount F – Difference (A – E): GST-18%	1
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:	

Approved by	Purchase Officer	Purchase Manager	Procurement Manager	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:							
Date	4/1/21	4/1/21					

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

TS10UB5649 11:33

(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

Buyer
Nilgiri Estates
5-4-187/3&4, IInd Floor, M.G. Road
Secunderabad
GSTIN/UIN : 36AAHFN0766F1ZA
State Name : Telangana, Code : 36

Invoice No.	Dated
PS/20-21/ 667	**19-Dec-2020**
Delivery Note	
Invoice	
Supplier's Ref.	Other Reference(s)
	Delivery At SOV
Buyer's Order No.	Dated
72851	**9-Dec-2020**
Despatch Document No.	Delivery Note Date
Invoice	**19-Dec-2020**
Despatched through	Destination
Goods Vehicle	**Rampally**

Sl No.	Description of Goods and Services	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	**450mm Composite Frame & Cover**	3917	18 %	**8 No:**	3,875.00	No:	32 %	**21,080.00**
	Output CGST							**1,897.20**
	Less : ***Output SGST***							**1,897.20**
	ROUNDING OFF							**(-)0.40**
	Total			**8 No:**				**₹ 24,874.00**

INWARD
Inward No: 22297 Dt: 23/12/20
MRN No: 86986 Dt: 30/12/20
Received By: Sign
Nilgiri Estates

Amount Chargeable (in words) *E. & O.E*
Indian Rupees Twenty Four Thousand Eight Hundred Seventy Four Only

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
3917	21,080.00	9%	1,897.20	9%	1,897.20	3,794.40
99		9%		9%		
Total	**21,080.00**		**1,897.20**		**1,897.20**	**3,794.40**

Tax Amount (in words) : **Indian Rupees Three Thousand Seven Hundred Ninety Four and Forty paise Only**

PRAFUL SANITARY * HYDERABAD *

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

72863 2/1/21

Purchase Order

 09-12-2020 4:16:33 PM

72851
05.12.20 12:12:19

From Company : **Nilgiri Estates**
5-4-187/3 & 4, IInd Floor, M.G.Road, Secunderabad - 500003.
G S T No. : 36AAHFN0766F1ZA

Supplier Details				
Praful Sanitary 3-6-138/5, Himayat Nagar, Hyderabad.		**Doc No**	72851	175076
		Doc Date	09-12-2020	
		Quote No	Nil	
GSTIN 36ACWPG864A1ZG	40077300	**Quote Date**	09-12-2020	
65526886.	9849624797	**SupplyType**	Supply	

Kind Attn : Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

	Item Name	Qty	Rate	Dis%	GST	Amount
1	7438 - Plumbing - PVC - Chambers Covers - Others - nos *NP6UCOFR450K*	8.00	3,875.00	32.00	18.00	24,874.40
					Total Order Value . . .	**24,874.40**
Rupees : Twenty Four Thousand Eight Hundred Seventy Four and Paise Fourty Only.						

Terms and Conditions :-

Specification / Brand	All items shall be of 'Supreme' brand.
Payment Terms	After Delivery & Production of bill
Tax	Inclusive of all taxes
Delivery Date	Next Day.
Delivery Location	Nilgiri Estate Sy.No.143/133/134/135/136, Rampally Village. Phone. 9030931172, 8297349480
Penality For Delay	Nil
Transportation Cost	Transport cost shall be borne by us.
Warranty	Nil
Advance Paid	Nil
Other Terms	We reserve the right to reject items not conforming to quality and specifications. Above order for Drainage line purpose.
Completion Date	Nil
Measurment	Nil
Security	Nil
Remarks	

For ***Nilgiri Estates***
Authorised Signatory

Name : _____

Accepted the above Terms And Conditions
For ***Praful Sanitary***

Name : _____

Date : __/__/____

Requisition Form

Company Name:	NILGIRI ESTATES	Date:	08.12.2020
Site & Phase :	NILGIRI ESTATE	Time:	09:40
Supplier		Req. No.	175076
Material required before date:		ID No.	62135

No	Description	Size	Quantity	Units	Inward No	Date
1	Riser (with rubber seal) 450 - MUCHRI451G	STD	10 ✓	Nos		
2	Frame and cover(H.W) -450 -RUCOFR45OB	STD	10 02 ✓	Nos		
3						
4						
5						
6						
7						
8						
9						
10						

APPROVED
09 DEC 2020
MINISH PARIKH
MANAGER PROCUREMENT

Remarks: - for site use purpose..

Prepared By	Vijay	Approved by	
Sign.& Date	08.12.2020	Sign. & Date	

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

Company Name:		Date:	
Site & Phase :		Time:	
Supplier		Req. No.	
Material required before date:	Urgent	ID No.	

No	Description	Size	Quantity	Units	Inward No	Date
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Remarks:

Prepared By		Approved by	
Sign.& Date		Sign. & Date	

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