

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		Pratful Singh		PO/WO amount		24875	
Firm/Company		NE		Project		24	
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):							
Sl. No.	DC No	DC. Date	MRN No.	DC matches MRN			
1.							
2.			86896	☒ Yes ☐ No			
3.				☐ Yes ☐ No			
				☐ 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:							
Amount E - PO / WO value:							
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				8/1/21			
Remarks:							
Approved by	Purchase Officer	Purchase Manager	Procurement Manager	MD	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

75100B5649
11:33 (ORIGINAL FOR RECIPIENT)**Praful Sanitary**

3-6-129/6, SRI SAI TOWER,
St.No.4 HIMAYAT NAGAR
HYDERABAD
GSTIN/UIN: 36ACWPG4864A1ZG
State Name : Telangana, Code : 36
E-Mail : prafulsanitary@gmail.com

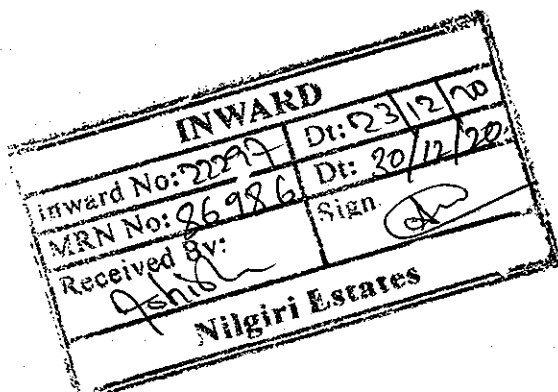
Buyer

Nilgiri Estates

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

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

SI 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
	Less :							
	Output CGST							1,897.20
	Output SGST							1,897.20
	ROUNDING OFF							(-0.40)
Total				8 No:				₹ 24,874.00



Amount Chargeable (in words)

Indian Rupees Twenty Four Thousand Eight Hundred Seventy Four Only

E. & O.E

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax 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**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.

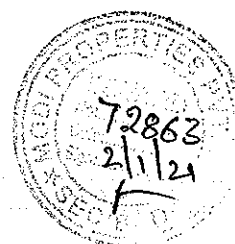


for Praful Sanitary

Authorised Signatory

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice



Purchase Order



72851

05.12.20 12:12:19

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09-12-2020 4:16:33 PM

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

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

Kind Attn : Mr. Ashish Gupta

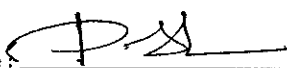
Purchase Order for the Supply of following Items.

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**Penalty 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

Accepted the above Terms And Conditions

For **Praful Sanitary**Name : 

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							
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.