PURCHASE DIVISION Advice for approval for credit to supplier

Date:		08/01/2021			Prepared	by:		T.D.	Murthy			
PO/WO no		73319			PO / WO	Date.		28/12	2/2020			
Supplier Name Praf		Praful Sanitary	Praful Sanitary			PO/WO amount			Rs. 36,089/-			
Firm/Company		MC Modi Educational Trust			Project			Manilal Modi Memorial Hospital				
Sl. No.		Bill No.			Bill Date		٤	Bill	amount			
1.		693			28/12/20	20		Rs. 3	9,040/-			
2.		-			-3			-				
3.	-	-			-			-				
4.								-				
Amount A	Bills tot	al(Excluding Trans	sport & Hamal	i Ch	arges):	ï		Rs. 39,040/-				
Sl. No.	DC No	,	DC. Date			MRN No.		DC r				
1.	693				87101		□Xes □ No					
2.	-				-		□ Yes □ N					
3.	-	-			-		□ Yes □ No					
4					-			□ Ye	es 🗆 No			
Amount B –Other Credits:								-				
Amount C	Other De	ebits:						-				
Amount D	(D=A+B-	C) – Amount to be	credited to the	sup	plier:			Rs. 3	9,040/-			
Amount E	- PO / WO	O value:						Rs. 3	66,089/-			
Amount F	- Differen	ce (A – E):						Rs. 2	2,951/-			
Quantity re	ceived as	per PO/WO			P Yes □ Exc	ess received	d □ Short re	eceived	d Other (expla	ained below)		
Is difference	e between	PO / Bill acceptal	ole?		Yes 🗆 No	(explained l	pelow)					
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 - <u>Rs.</u> /- <u>□</u> No							
Payment – due date					09/01/2021							
Remarks:	1				2							
Approve by						M D	Accounts		Accountant	Accounts Manager		
	-	JIIICI IVIA			VED		bill	-		171anagoi		
Sign:		1912	2 0	8 7	IAN 2021							
Date MINISH PARIKH												

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. 5,000/-, Purchase Manager and Procurement Manager to approve all bills from 5,000/- 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/-

Dated

Invoice No.

Praful Sanitary				ce No.			Dat		
3-6-429/6,SRI SAI TOWER, St.No.4 HIMAYAT NAGAR				20-21/ ery Not			28-	Dec-20	20
HYDERABAD			Invo						
GSTIN/UIN: 36ACWPG4864A1ZG State Name: Telangana, Code: 36				lier's R	ef.		Oth	er Refer	rence(s)
E-Mail : prafulsanitary@gmail.com			101			00025	12		
Buyer			1	r's Ord	er No	ο.	Dat		
MC Modi Educational Trust 5-4-187/3&4, IInd Floor, M.G. Road			7331			nant Na		Dec-20	
Secunderabad			Invo		ocun	nent No.	1	• 100	te Date
GSTIN/UIN : 36AAATM5488Q2Z0				atched	thro	ugh		Dec-20 tination	
Sate Name : Telangana, Code : 36				ds Ve			Thu	urkapa	lly
								•	
SI Description of	HSN	/SAC	GST	Quant	tity	Rate	per	Disc. %	Amount
No. Goods and Services			Rate	201000000					200000 100000000 10000
1 160mm Eco Drain Pipe SN 4	3917	7	18 %	12 N	No:	3,641.00	No:	30 %	30,584.40
Output CCST							-		2 077 60
Output CGST Output SGST									2,977.60 2,977.60
Transport Charges @ 18%	99		18 %						2,500.00
ROUNDING OFF	lo.	3					9,6		0.40
					1				
a situate a				100.00					
				Hereita Hereita	08		101	8180	
							Acq	-	
Service of Account of	-			- E N	(a) 2				
INWARD					9-1		100		
CAMPAGE AND ADDRESS OF THE PARTY OF THE PART					-			25 0.00	
Inward No: 0184 Dt: 3 12 20									
MRN No: 87101 Dt: 4 1121		181							
Received By: Sign:	1								
Security for	-								
MC MODI EDUCATIONAL TRUST	1				- 1		1		
NIC WOOT DOOM TOTAL TROOP				0034355					
	100000			41.01				5 . 5	
				5020 0					12m St 1 m
Tota				12 1	No:				₹ 39,040.00
Amount Chargeable (in words)									E. & O.E
dian Rupees Thirty Nine Thousand Forty Only	5.9	-	75. %	_		-	-		
HSN/SAC		Taxa Val	_	Rate	tral T		Sta	te Tax Amou	Total Tax Amount
3917		30,58	34.40	9%	2,7	752.60	9%	2,752	.60 5,505.20
99	Total	2,50	00.00	9%		225.00 977.60	9%	225	
								supprise s	.00 3,933.20
Tax Amount (in words): Indian Rupees Five Thousand Nine Hur	adred	Fifty	Five a	and Iv	vent	y paise (Only	V	SAM
,								13	DL SAN A
								100	121
								1 *	HIMAMTNAGAR *
= 1 T T								1/I	2
Company's PAN : ACWPG4864A			45					11.	or Praful Sanitary
Declaration								13.0	The state of the s
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.									uthorised Signature
SUBJECT TO HYDER	ABAD	IURISDI	ICTION				2	A	uthorised Signatory
SUBJECT TO HIDER		444							



Purchase Order

Page(s) 1 Of 1

28-12-2020 14:32:52

Or

23.12.20

From Company: MC Modi Educational Trust

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

G S T No.: 36AAATM5488Q2Z0

Supplier Details					
Praful Sanitary		Doc No	73319	162061	
3-6-138/5, Himayat Nagar, Hydera	bad.	Doc Date	28-12-2020		
		Quote No	Nil		
GSTIN 36ACWPG864A1ZG	40077300	Quote Date	28-12-202	20	
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 7354 - Plumbing - PVC - Drainage Pipe - 160mm - nos	12.00	3,641.00	30.00	18.00	36,089.59
		Total Or	der Value	e	36,089.59

Terms and Conditions :-

Specification / Brand All items shall be of 'Supreme' brand.

Payment Terms

Within 30 days of delivery.

Tax

Inclusive of all taxes

Delivery Date

Within 2 days

Delivery Location

Manilal Modi Memorial Hospital

Phone.

Penality For Delay

Nil

Transportation Cost

Extra.

Warranty

Nil

Advance Paid

Nil

Other Terms

We reserve the right to reject items not conforming to quality and specifications. Above order forfourth slabsleeves purpose.

Completion Date

Nil

Measurment Security

Nil

Remarks

For MC Modi Educational Trust

Accepted the above Terms And Conditions

Authorised Signatory

For **Praful Sanitary**

Name:

Date : __/__/__

Name : Contact Requisition Form

-		_		Requisi		71111					
Company Name: MCMET					Date:			28-12-2020			
Site & P	hase:	Manilal M Hospital	Manilal Modi memmorial Hospital					10:30AM			
Supplier						0.		162061			
Material required before date: 30-12-202)	ID No.			62586			
No	Descrip	otion	Size		e Quantity		Units		ward No	Date	
į Ec	Ecodrain pipe (20' Length)			6"		12	No's				
2		723	19								
3		-133	,								
4											
5											
6											
7											
8											
9							NI	IE	5 \		
10						(APPI	SO.			
Remarks	: Towards MCMET Fo	urth slab sle	eves purpose				M.	DEC'L	200		
Prepared By Pushpala		Pushpalat	npalatha			Approved by Sign. & Date in last 2 columns. T.Madhuk A 28 12 2020 Sr. MANAGER 2020			MUKAHASE)		
Sign.& I	Date	28-12-20	20		Sign. & Date			28-12-	2020		
Note: C	In receipt of material at	site write in	ward number	r and date	in last 2	columns.	Sr. M	AMA			