# PURCHASE DIVISION Advice for approval for credit to supplier

Date:		29/0	1/21			Prepar	ed by:		D.SOWMYA		
PO/WO no. 7.88 4.3		······································	PO / WO Date.								
Supplier Name Profession San		· «1	PO/WO amount		nt	13/01/21					
Supplier Name Praful Sani		unita.	<del>y</del> —	Project		<u> </u>	214   -				
Sl. No. Bill No.		·	Bill Date			NE Bill amount					
1											
2		767			19/01/21			214/_			
3				<del></del>	······································		<del></del>				
4			····								
Amount A	D:11 - 4	107 1 1	•						,		
Sl. No.		total(Exclud	ing Transi			ges):			214/_		
	DC No	o 		DC. Date	e 		MRN	No.	DC matches M	RN	
1.		···					8:	7855	Yes 🗆 No		
2.									□ Yes □ No	•,	
3.			_						□ Yes □ No		
L		Credits _Tra	insportatio	on charges			<del></del>	<del></del>			
Amount C -	-Other	Debits:							<del></del>		
Amount D	(D=A+)	B-C) – Amo	unt to be	credited to	the suppli	er:			- 1		
Amount E -	-PO/V	VO value:	······································	···					2141-		
Amount F -	- Differ	ence (A - E	): GST-18	%	· · · · · · · · · · · · · · · · · · ·		<del></del>		24/_		
Quantity received as per PO/WO			Yes   Excess received   Short received   Other (explained below								
Is difference	e betwe	en PO / Bill	acceptabl	e?	- Yes -						
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. /- v No								
Payment - due date			23.1.2021 05 02 21								
Remarks:				<del></del>	<u> </u>		. 10				
	-		<del></del>	<del> </del>	<del></del>						
Approved	d :	Purchase Officer	Purcha Manag	1 11	roculemer Manager		M D	Accounts – receiver of	Accountant	Accounts Manager	
Sign:	1/	· aA.	kct		JAN 202			bill			
Date		paloile1	301	01	SH PAR		<del> </del>		-		
Notes: 1 In			12. 1	1 10 11 11 11		137471					

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

GS10 UBS 64 (ORIGINAL FOR RECIPIENT)

3-€	3-429/6,SRI SAI TOWER,		l l	ce No.		Dat	ed	
St.	No.4 HIMAYAT NAGAR		PS/2	20-21/ 767	·	19-	<u>Jan-20</u>	21
GS	DERABAD STIN/UIN: 36ACWPG4864A1ZG		Invo	ery Note				
Sta	ate Name : Telangana Code : 36		Supr	olice olier's Ref.		Oth	on Dofe	
<u> =-1</u>	Mail : prafulsanitary@gmail.com yer					ı	ei Keiei	rence(s)
	giri Estates		Buye	r's Order N	o.	Dat		
5-4	1-187/3&4, lind Floor, M.G. Road		7384	43			Jan-20	24
Se	cunderabad		Desp	oatch Docu	ment No.	Del	very No	te Date
G	STIN/UIN : 36AAHFN0766F1ZA ate Name : Telangana, Code : 36		Invo		**	19-	Jan-20	21
Cu	ate Name : Telangana, Code : 36		1	patched thre	ough		stination	
	;		Self		<del></del>	Rai	mpally	
								İ
SI	Description of	HSN/SAC	007					
No.	Goods and Services	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1.	15x75mm G   Nipple	7307	18 %			<del> </del>		
		, 50,	10 %	14 No:	17.25	No:	25 %	181.13
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40	NOONDING OFF							0.27
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Ì	MRN No: 87855 DO: 23/01/21			,				
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	) It was the same of the same		1,					İ
	Nilgiri Estates	}	- tester		, ,	-27		
		2,337						
					7 /			* *
Δm	ount Chargeable (in words)			14 No:		<del> </del>	<del>  </del>	<b>3</b> 24 4 00
lne	dian Rupees Two Hundred Fourteen Only					<del>!</del>	<u> </u>	₹ 214.00 E. & O.E
	HSN/SAC						•	
	<u> </u>	Tax		Central		Sta	te Tax	Total
73 99		Va	ue 81.13	Rate An		ate	Amour	nt Tax Amount
			- 1	9%	I .	9% 9%	16.	.30 32.60
Tax	Amount (in words): Indian Burnes Train =	otal 1	B1.13		16.30		16.	30 32.60
	Amount (in words): Indian Rupees Thirty Two and Sixty pais	e Only	PER	TES !!			B	E SAL
	YS 897763210	///	2/13/04/	4 pn (2)			1/3	SAN
	897763310		/ No. 15	CLIQ 171			&[	1 121
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		11/2	Sign: 2	++-/:º//			1/2/	\ \ \/ <i>\&amp; </i>
	mpany's PAN : ACWPG4864A		130	10//			1/3	
Dec	destron		A STATE OF	U CARA			fe	or Praful Sanitary
vve de:	e declare that this invoice shows the actual price of the goods scribed and that all particulars are true and correct.			•				
		D.D			<del></del>		A.	utnorised Signatory
	SUBJECT TO HYDERA	BAD JURISD	ICTION					

## Purchase Order

\* Page(s) 1 Of I

13-01-2021 16:36:45

From Company:

16.01.21 10:36:43

**Nilgiri Estates** 

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

GSTNo.: 36AAHFN0766F1ZA

Supplier Details					
Praful Sanitary		Doc No	73843	175142	
3-6-138/5, Himayat Nagar, Hyd	derabad.	Doc Date	13-01-2021		
		Quote No	Nil		
<b>GSTIN</b> 36ACWPG864A1ZG	40077300 <sup>-</sup>	Quote Date	13-01-2021		
5526886. 9849624797		SupplyType	Supply		

### Kind Attn: Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 7069 - Plumbing - GI - Nipple - other - nos	14.00	17.25	25.00	18.00	213.73
	Total Order Value				
Rupees: Two Hundred Thirteen and Paise Seventy Three Only	٠,				

#### Terms and Conditions :-

Specification / Brand

As per details given in the quotation.

**Payment Terms** 

After Delivery & Production of bill

Tax

Inclusive of all taxes

Delivery Date

**Delivery Location** 

Next Day. Nilgiri Estate

Sy.No.143/133/134/135/136, Rampally Village.

Phone. 9030931172, 8297349480

**Penality For Delay** 

Transportation Cost

Transport cost shall be borne by us.

Warranty

Advance Paid

Other Terms

We reserve the right to reject items not conforming to quality and specifications. Above order for drip inigation water supply: purpose.

**Completion Date** 

Nil

Measurment

Nii Nil

Security

Remarks

For Nilgiri Estates

**Authorised Signatory** 

Accepted the above Terms And Conditions

For Prafui Sanitary

Date : \_\_/\_\_\_