PURCHASE DIVISION Advice for approval for credit to supplier

Date:		71							
PO/WO no.		50/1/2	<u>/</u>	Prepared by:			PRABHAKAR		
L_	7	3879		PO/W	O Date.				
Supplier Nar	1 rauh	Il dan	Stary	PO/WO) amount		8/1/2/		
Firm/Compa	ny		0210	Project		2	4,167.58		
Sl. No.	Bill No.	my seu	52 FT			2	strup.		
1	1001			Bill Da	te	Bill an	nount		
3	1 2/2	0-21/-	181	21	1/21	2	4,168-10		
4							1		
Amount A -	Bills total(Exclu	ding Transpor	t & Hamali Cha	rneo):					
	DC .No		DC. Date			20	1.168-0		
1.	 -				MRN No.	DC ma	tches MRN		
2.	/				87823	\ Yes	□ No		
3.			/			□ Yes	□ No		
Amount B - C)then Cur 1's 50					□ Yes	□ No		
	Other Credits: Tr	ansportation o	charges						
Amount C -O									
Amount D (D	=A+B-C) – Amo	ount to be cree	lited to the supp	lier:					
Amount E – P	O / WO value:			<u> </u>		24	168-60		
Amount F – D	Difference (A – E): GST-18%				24	167.58		
Quantity recei	ved as per PO/V	VO	Vec 5	Evene					
	etween PO / Bill		V2 103 L	Excess re	ceived □ Short red	ceived Other	(explained below)		
	material received				ined below)				
Close PO / W?		u	_ Appro	ved - witl	in acceptable lim	its □ No (expla	ined below)		
			V ✓ Yes □	No – wait	for balance mater	rial □ No (evnl	ained heles		
	PDC given (dec	duct when pay	/ing) □ Yes –		¹ No	(cxpi	med below)		
Payment - due	date		<u>1</u>	1 ×					
Remarks:				12/2	1				
Approved	Purchase	Purchase	Produced	, -					
by	Officer	Manager	Procurement	ED M	D Account receiver		ntant Accounts Manager		
Sign:		128	- 0-2 FEB 21	021	bill		aliagei		
Date		2017	MINISH PA						
es: 1. In case a	amount to be cree	dited to our	MIACER PROCU	PERSAIT					

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 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/-

Pi	raful Sanitary 6-429/6,SRI SAI TOWER,				ce No.	<u></u>	Dat	ed			
St.No.4 HIMAYAT NAGAR HYDERABAD GSTIN/UIN: 36ACWPG4864A17C					20-21/ 7		21-	21-Jan-2021			
					oice						
घर	tate Name:Telangana, Code:36 -Mail:prafulsanitary@gmail.com				olier's Re	f.	Oth	Other Reference(s)			
Buyer					er's Order	. N1 -		dit			
S	ummit Sales LLP			738		NO.	Dat	ed Jan-20			
∣S∈	4-187/3&4, IInd Floor, M.G Road ecunderabad					cument No	Del	ivery No	ote Date		
G	STIN/UIN : 36ACQFS2044C1Z7		. .	Invo			21.	Jan-20	21		
51	tate Name : Telangana, Code : 36	1-0	3 ¹	Self	patched t	hrough	- 1	stination			
		13		Seii			Ch	erlapal	lly		
		1 2	`								
SI	=,		I/SAC	GST	Quantit	y Rate	ner	Disc. %	Amount		
				Rate				DIGC. 76	Amount		
1 2	CP Bottle Trap 25mm Extension Nipple	848		18 %	20 No				9,636.00		
3	Waste Coupling Half Thread	848 ⁻		18 % 18 %		60	.00 No:	•	6,750.00		
4	15mm Brass Ball Valve	848		18 %	10 No			1	.,		
								00 %			
	Output CGS	<i>-</i>							20,481.00		
	Output SGS	T							1,843.3(1,843.3(
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-	60.80	- 1.66		- 4 (). 	201 fee	51 14. 1	ar de	1.5			
Ал	Tota nount Chargeable (in words)	d			190 No	5:			₹ 24,168.00		
In	dian Rupees Twenty Four Thousand One Hundred Sixt	رين احداد		53.50	\$5 N	at. 585.	.oo; 14 t.		E. & O.E		
Г	HSN/SAC	y Ligi	Taxa		Centra	al Tox					
	181	Y	Valu	ue	Rate	Amount	Rate	te Tax Amou	Total nt Tax Amoun		
99			20,48	31.00	9% 9%	1,843.30	9% 9%	1,843			
		Total	20.40	14 00	14%		14%	<u> </u>			
Ta	x Amount (in words): Indian Rupees Three Thousand Six Hu	Total	20,48	51.00		1,843.30	<u> </u>	1,843	.30 3,686.60		
	Thousand Six Hui	narea	Eigh	ty Six	and Six	ty paise	Only		SAN		
									188		
								\mathbb{Z}	NAME OF THE PARTY		
								// *	HIWAYATKAGAS *		
Co	ompany's PAN : ACWPG4864A				i.			1/3	200		
De	eclaration							1	or Praful Sanitary		
VV	e declare that this invoice shows the actual price of the goods scribed and that all particulars are true and correct.								•		
		LADAR I	II IBre -	OT: -				A	uthorised Signaton		
	SUBJECT TO HYDER										
_	This is a Computer	Genera	rea Invoi	ce	Angla Tajagi Mag alanan ing mga nganatan.						
- {	INWARD Inward No: 15 682 Dt: 22-1-21			(3	Co	Act Cin 2		/			
	Inward No: 15682 Dr: 22-1-2			TANKE THE PERSON NAMED IN COLUMN NAMED IN COLU	· Ce	rtified	المعول				
	MRN No: 8 7 823 Dt: 2 9 0 0 1			NAME OF THE PERSON		A	'	II			
	Received By: Sign:				inger for	1		X Table			
11	Weccinen			1 1		1 / // ·		-			

Purchase Order

Page(s) 1 Of 1

18-01-2021 11:54:47 AM

16.01.21 10:36:44

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		Doc No	73879	160201
3-6-138/5, Himayat Nagar, Hyd		73079	168301	
	Doc Date	18-01-2021		
COTTU DE LOUIS DE LA COMPANION	·	Quote No	Nil	
GSTIN 36ACWPG864A1ZG	40077300	Quote Date		
65526886.	9849624797	SupplyType		

Kind Attn: Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount	
1 10043 - Plumbing - CP - Bottel trap - NA - nos	20.00	876.00	45.00	18.00	11,370.48	
2 7026 - Plumbing - CP - Extension Nipple - 1/2 In - nos 1"	150.00	60.00	25.00	18.00	7,965.00	
3 7047 - Plumbing - CP - Waste coupling - 1/2 thread - nos	10.00	275.00	35.00	18.00	2,109.25	
4 10006 - Plumbing - GI - Ball Valve - 1/2 In - nos	10.00	355.00	35.00	18.00	2,722.85	
Total Order Value Rupees : Twenty Four Thousand One Hundred Sixty Seven and Paise Fifty Eight Only.						

Terms and Conditions :-

Specification /

As per details given in the quotation.

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

Included by us!

Warranty

7 years warranty

Advance Paid

Other Terms

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

Completion Date

Nil

Measurment

Nil

Security

Remarks

For Summit Sales LLP

Authorised Signatory

Accepted the above Terms And Conditions

For Praful Sanitary

Name :				
--------	--	--	--	--

Date : __/__/___

Requisition Form Company Name: Summit sales llp Date: 13.1.2021 Site & Phase: Summit housing Ilp Time: 11.00 Supplier Req. No. 168301 Material required before date: ID No. 63062 No Description Size Inward No Quantity Units Date CP WALL MIXTURE 1 10 NOS LONG BODY 2 10 NOS 3 SHORT BODY 10 NOS SHOWER ARM 4 10 NOS 5 SHOWER HEAD 16 NOS PILLAR COCK 6 10 NOS 7 ANGLE COCK 60 NOS 8 BOTTLE COCK 20 NOS **CP EXTENSION NIPPLE** 9 1/2"X1" 150 NOS WASH BASIN WASTE COUPLING 10 10 NOS BALL VALVE 1/2" 10 NOS 12 13 Remarks:For stock maintenance Prepared By **SOWMYA** Approved by Sign.& Date 13.1.2021

Sign. & Date

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

NANACING DIRECTOR