## PURCHASE DIVISION Advice for approval for credit to supplier

Date:		09	5 02	- 2	)	Prepare	d by	<b>:</b>		PRABHA	KAR	
PO/WO no		74151				PO / WO Date.			-	21 1 21		
Supplier Na	Supplier Name G.P. Buddon M Firm/Company GURC Ret. Lt			Valore	PO/WO amount			-				
Firm/Company GURC Rot 14			Ltd	A Project			- +	4,106:40 Innepotiss.				
Sl. No.		Bill No.		· <u>···</u>		Bill Dat	e			Bill amount		
1		511		<del></del>		28121				1, 10 1,50		
3						791/4			_	4,106.50		
4									$\dashv$			
Amount A	– Bills	total(Excludi	ng Transp	ort & F	Iamali Char	ges):						
Sl. No.	DC.			DC. D			T N	IRN No.		4,106:00		
1.					<del></del>	<u> </u>	-		_	DC matches MRN		
2.		/_		<del>_</del>				88181		V≠Yes □ No		
3.		1.					_			□ Yes □ No		
·	Othe	r Credits : Tra		. 1						□ Yes □ No		
Amount C			nsportatio	n charg	es					7		
			. <u> </u>							<del></del>		
Amount D (D=A+B-C) – Amount to be credited to the supplier:							4,106-00					
		WO value:							-	4,106-40		
Amount F	- Diffe	erence (A – E)	: GST-18	%						-()(00	-70	
Quantity re	ceive	l as per PO /W	O		to Yes	Excess r	ecei	ved   Short rece	ived	□ Other (explai	ned below)	
Is difference	e betv	veen PO / Bill	acceptabl	e?		⊒ <del>No (e</del> xpl						
E- / 1						-□ Approved - within acceptable limits □ No (explained below)						
Olara DO ATAGO												
Advance paid / PDC given (deduct when paying)						elow)						
Payment – due date												
Remarks: 8 2 20												
Approved Purchase Purchase Programme Approved												
by		Purchase Officer	Purch Mana		Produceme Manage	ent r	M D	Account receiver		Accountant	Accounts Manager	
Sign:	_		toel		03 FEB	2021	-	bill				
Date			3 2		STRATERIST STR		<u>.</u>					
otes 1 In a	222 24		<del></del>					I		l		

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/-

Tax Invoice						
	G.P. BUILDCON MATERIALS G-1 . Sai Srinivasa Towers, 29 - Sripuri Colony Kakaguda, Secunderabad - 15 GSTIN/UIN: 36AIZPG8119P1Z9 State Name: Telangana, Code: 36	Invoice No. GP/20-21/511 Delivery Note	Dated 28-Jan-2021  Dated 27-Jan-2021  Delivery Note Date			
	Contact: 9866116375,9490056802 E-Mail: g.pbuildcon999@gmail.com  Centres Pvt Ltd	Buyer's Order No. 74157 Despatch Document No.				
5-4-187/2&3,II Nd Floor,Sofiam Mansion MGROAD ,SECUNDERABAD-500003 GSTIN/UIN : 35AAHCG4562D1ZP State Name : Telangana, Code : 36		Despatched through DIRECT	Destination INNOPOLIS			

S Xe	Description of Goods	HSN/SAC	Quantity	Rate	per	Amount
1 2	DRILL BIT-16MM DRILL BIT -20MM BOSCH MAKE	8207 8207	4 NOS 4 NOS	250.00 620.00		1,000.00 2,480.00
	CGST @ 9 % SGST @ 9 % ROUNDF			9	% %	3,480.00 313.20 313.20 (-)0.40
	INWARD Inward Not Cost Dt: 2/2/2/	OF	RTIE			
	MRN No. 88/81 Dt: 02 02/21, Received By: Sign: G.V. RESEARCH CENTERS PVT LYC	Re IN No.	**************************************			
Arr	Total	9	8 NOS			₹ 4,106.00

INR Four Thousand One Hundred Six Only

HSN/SAC Taxable Central Tax State Tax Total Value Rate Rate Amount Tax Amount 8207 Amount 3,480.00 9% 313.20 313.20 626.40 Total 3,480.00 313.20 313.20 626.40

Tax Amount (in words): INR Six Mundred Twenty Six and Forty paise Only 5 300

Company's Bank Details

Bank Name

: ICICI BANK LTD

A/c No.

630805500095

Company's PAN : AIZPG8119P

Declaration

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

1834

Branch & IFS Code: VIKRAMPURI & IÇ

THE DE CHATERIALS

E. & O.E

gignatory

SUBJECT TO SECUNDERABAD JURISDICTION

This is a Computer Generated Invoice

27-01-2021 11:53:59 AM

16.01.21 11:00:14

From Company:

**G V Reserch Centers Pvt Ltd** 

5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Secunderabad-500000

G S T No.: 36AAHCG4562D1ZP

**Supplier Details** 

G.P.Buildcon materials

flat.no.G1, Saisrinivasa towers, Sri puri Colony, Kakaduda, secunderbad

•		
Doc No	74157	163319
Doc Date	27-01-2021	
Quote No		
Quote Date	27-01-2021	
SupplyType	Supply	

**Total Order Value.** 

Kind Attn: Mr. Pavan

Purchase Order for the Supply of following Items.

	Item Name	Qty	Rate	Dis%	GST%	Amount
1 9520 - Tools - Dril	Bit - 16x150mm - nos	4.00	250.00	0.00	18.00	1,180.00
2 9524 - Tools - Drill 20MM	Bit - NA - nos	4.00	620.00	0.00	18.00	2,926.40

Rupees: Four Thousand One Hundred Six and Paise Fourty Only.

Terms and Conditions :-

Specification / Brand All items shall be of BOSCH brand Only

**Payment Terms** 

After Delivery & Production of bill

Tax

VAT included in above price.

**Delivery Date** 

Next Day.

Delivery Location

Innopolis

Sy no-542, Genome Valley, Thurkapally, Hyderabad, Telangana

Phone. 9502211011

Penality For Delay

Nil

Transportation Cost

Transport cost shall be bome by us.

Warranty

Nil

**Advance Paid** 

NIL

Other Terms

Payment will be made only after inspection of material. Above order for site use purpose.

Completion Date

NA Nil

Measurment

Nil

Security Remarks

For G V Reserch Oenters Pvt Ltd

Authorised Signatory

Accepted the above Terms And Conditions

For G.P.Buildcon materials

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

Requisition Form Company Name: GVRC Date: 18.01.2021 Site & Phase: **INNOPOLIS** Time: 17:00 Supplier Req. No. 163319 Material required before date: ID No. 63169 No Description Size Inward No Quantity Units Date **Drilling** bit 1 16mm 04 No's Drilling bit 20<sub>mm</sub> 04 No's 3 6 8 Remarks: For site use purpose. Prepared By **MALLIKARJUN** Approved by VENKATESH.G Sign.& Date 18.01,2021 Sign. & Date 18.01.2021 Note: On receipt of material at site write inward number and date in last 2 columns. Requisition Form Company Name: Date: Site & Phase: Time: Supplier Req. No. Material required before date: ID No. No Description Size Quantity Inward No Units Date 1 2 3 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.