PURCHASE DIVISION
Advice for approval for credit to supplier

Date:	16-02-21	Prepared by:	PRABHAKAR.P
PO/WO no.	73946	PO / WO Date.	19-1-21
Supplier Name	SIDDARTH ENTERPRISES	PO/WO amount	4,389-60
Firm/Company	G V Research Centers Pvt Ltd.	Project	Innopolis
Sl. No.	Bill No.	Bill Date	Bill amount
1	4896	09-02-21	4,389-00
2			
3			
Amount A – Bills total(Excluding Transport & Hamali Charges):			4,389-00

Sl. No.	DC .No	DC. Date	MRN No.	DC matches MRN
1.			88533	☑ Yes ☐ No
2.				☐ Yes ☐ No
3.				☐ 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:	4,389-00
Amount E – PO / WO value:	4,389-60
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 – with~~in 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	22-02-21
Remarks	

Approved by	Purchase Officer	Purchase Manager	Procurement Manager	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:		[signature]					
Date		16/2/21					

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/-

GSTIN : 36ABFFS3664J1ZT

GST INVOICE

Ph :040 2790 6453
Mobile: 9949966500

SIDDARTH ENTERPRISES

1-35-513,Ground & First Floor,
Rasoolpura,Begumpet,Secunderabad-500003

Email id : siddarthenterprisess@yahoo.in

Reg:-163320/73946.

Invoice Serial No : **4896**

Invoice Date : **09-02-2021**

Detatils of Receiver (Billed To)	Details of Consignee (Shipped To)
M/s. **G V RESERCH CENTERS PVT LTD**	M/s. **G V RESERCH CENTERS PVT LTD**
Address 5-4-187/3&4,IInd Floor,Soham Mansion,	Address 5-4-187/3&4,IInd Floor,Soham Mansion,
City MG Road,Secunderabad	City MG Road,Secunderabad
Pin: 500003 Phone	Pin Code 500003 Phone
State TELANGANA	State TELANGANA
State Code 36	State Code 36
GSTIN 36AAHCG4562D1ZP	GSTIN 36AAHCG4562D1ZP

S. No	Code	Particulars	HSN Code	Qty	Rate	Gross	Disc %	CGST %	SGST %	IGST %	Amount
1	CHR2107	GBK........	94014000	9	413.28	3719.48		9.0	9.0		3719.48
				9							

INWARD
Inward No: 2490 Dt: 10/2/21.
MRN No: 88533 Dt: 10/2/21
Received By: Sign:
G V RESEARCH CENTERS PVT LTD

Total Invoice Amount in Words :
FOUR THOUSAND THREE HUNDRED AND EIGHTY NINE ONLY

Gross	3,719.48
Discount	
CGST	334.75
SGST	334.75
IGST	
TCS	
Grand Total	**4,389.00**

Bank **ICICI BANK**
A/c No. **068105001031**
IFSC Code **ICIC0000681**
Branch **DIAMOND POINT**

MODI PROPERTIES ... SEC'BAD
No: 74295
Date: 11/2/2021
Sign: Nch

Terms & Conditions :
1. Payment by Cross " PAYEE A/C " cheque / DD/ NEFT only.
2. Our responsibility ceases on delivery of goods to carrier / transport / outlet.
3. The cause of action shall be deemed to raise in SECUNDERBAD and all disputes shall be settled in SECUNDERABAD under SECUNDERABAD Jurisdiction.

For **SIDDARTH ENTERPRISES**

Authorised Signatory

SIDDARTH ENTERPRISES SEC'BAD

Purchase Order

Orig 73946
16.01.21 10:36:45

From Company : **G V Reserch Centers Pvt Ltd**
5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Secunderabad-500003
G S T No. : 36AAHCG4562D1ZP

Supplier Details

Siddarth Enterprises
1-35-513, Groung floor&First floor, Rasoolpura, Begumpet, Secunderbad-500003

GSTIN 36ABFFS3664J1ZT
040-27906453 9949966500

Doc No	73946	163320
Doc Date	19-01-2021	
Quote No	Nil	
Quote Date	19-01-2021	
SupplyType	Supply	

Kind Attn : Mr.P.Rammohan

Purchase Order for the Supply of following Items.

	Item Name	Qty	Rate	Dis%	GST	Amount
1	5502 - Furniture - Chairs - NA - nos *Nilkamal*	10.00	372.00	0.00	18.00	4,389.60
					Total Order Value . . .	**4,389.60**

Rupees : Four Thousand Three Hundred Eighty Nine and Paise Sixty Only.

Terms and Conditions :-

Specification / Brand	All items shall be of "Neelkamal" brand, with Arm Chair, white colour, CHR 2107 model
Payment Terms	1005 advance payment
Tax	GST included in above price.
Delivery Date	With in 4 days
Delivery Location	Innopolis Sy no-542, Genome Valley, Thurkapally, Hyderabad, Telangana Phone. 9502211011
Penality For Delay	Nil
Transportation Cost	Extra as per actuals
Warranty	1 year guaranty with free replacement in case of mfg. defects.
Advance Paid	Rs. 4390-00 by cheque
Other Terms	We reserve the right to reject items not conforming to quality and specifications. Above order for office use, purpose.
Completion Date	Nil
Measurment	Nil
Security	Nil
Remarks	

For *G V Reserch Centers Pvt Ltd*
Authorised Signatory

Name : ____________________

Accepted the above Terms And Conditions
For *Siddarth Enterprises*

Name : ____________________

Date : __/__/____

Requisition Form

Company Name:	GVRC	Date:	18.01.2021
Site & Phase :	INNOPOLIS	Time:	17:00
Supplier		Req. No.	163320
Material required before date:		ID No.	63170

No	Description	Size	Quantity	Units	Inward No	Date
1	**Plastic chairs**	STD	10	No's		
2						
3						
4						
5						
6	73946					
7						
8						
9						
10						

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.

APPROVED
18 JAN 2021
P. PRABHAKAR
Sr. MANAGER PURCHASE

Requisition Form

Company Name:		Date:	
Site & Phase :		Time:	
Supplier		Req. No.	
Material required before date:		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.