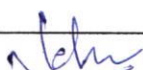


PURCHASE DIVISION
Advice for approval for credit to supplier

Date:		18/2/21		Prepared by:		NEHA	
PO/WO no.		74524		PO / WO Date.		06/02/2021	
Supplier Name		M/s. VIVID WORLD		PO/WO amount		1050 / -	
Firm/Company		SUP		Project		CDP - H0	
Sl. No.	Bill No.	Bill Date		Bill amount			
1	1992	04/02/2021		1050 / -			
2				1			
3							
Amount A – Bills total(Excluding Transport & Hamali Charges):						1050 / -	
Sl. No.	DC .No	DC. Date	MRN No.	DC matches MRN			
1.				☐ 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:						1050 / -	
Amount E – PO / WO value:						1050 / -	
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 – 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. ___/___ ☒ 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:							
Date	18/2/21						

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/-

A Complete Solution for all your cartridge needs

GSTIN : 36AVTPS1528D1ZB

Invoice No. : 1992			Transport Mode :
Invoice Date :04/02/2021			Vehicle Number :
Reverse Charge (Y/N) :			Date of Supply :
State : TELANGANA	Code	36	

Ship to Party

GSTIN :

Co
de

State :

Code

INWARD

Inward No: 749 Dt: 04/02/21

MRN No: Dt:

Received By: *[Signature]* *[Signature]*

MODI PROPERTIES

ADD :CGST 9%

890.00

ADD: SGST 9%

80.10

Total Amount After Tax

1050.20

GST on Reverse Charge

Bank Details

Bank Name	: INDIAN BANK
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Branch : Narayanquda Branch

Bank A/C : 406746378

Bank IFSC	: IDIB000N015
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Common Seal

Certified that the particulars given above are true and correct

For VIVID WORLD

Authorized Signatory



Purchase Order



74524

05.02.21 11:35:32

Page(s) 1 Of 1

08-02-2021 11:50:20

From Company : **Summit Sales LLP**
5-4-187/3&4, II nd floor, MG Road, Secunderabad-500003.
G S T No. : 36ACQFS2044C1Z7

Supplier Details

Vivid World
204, Kubera Towers, Narayanaguda, Hyderabad.

GSTIN 36AVTPS1528D1ZB

6682-3161/ 6682-3171

92462-15868

Doc No	74524	182612
Doc Date	06-02-2021	
Quote No	Nil	
Quote Date	06-02-2021	
SupplyType	Supply	

Kind Attn : Mr. Vishal

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 3523 - Computers and Peripherals - Toner refill - NA - nos	3.00	230.00	0.00	18.00	814.20
2 3522 - Computers and Peripherals - Toner drum - NA - nos Toner blades	2.00	100.00	0.00	18.00	236.00
Total Order Value . . .					1,050.20

Rupees : One Thousand Fifty and Paise Twenty Only.

Terms and Conditions :-

Specification / Brand As per details given in the quotation

Payment Terms After Delivery & Production of bill

Tax All taxes included in above price.

Delivery Date Same Day

Delivery Location Head Office
5-4-187/3 & 4, II nd Floor, M.G.Road, Secunderabad - 500003
Phone. 040-66335551

Penalty For Delay Nil

Transportation Cost Included in the above price.

Warranty Nil

Advance Paid Nil

Other Terms We reserve the right items not conforming to quality and specifications. Above order for CR dpt

Completion Date Nil

Measurment Nil

Security Nil

Remarks

For Summit Sales LLP

Authorised Signatory

Accepted the above Terms And Conditions

For Vivid World

Name : _____

Name : _____

Date : ____/____/____

Requisition Form

Company Name:		Summit Sales LLP		Date:		04-02-21	
Site & Phase :		Head Office		Time:			
Supplier				Req. No.		182612	
Material required before date:				ID No.		63663	
No	Description	Size	Quantity	Units	Inward No	Date	
1	88A 12A toner refilling		3	Nos			
2	88A Toner blade		2	No			
3							
4							
5							
6							
7							
8							
9							
10							

Remarks: This is for CR Dept

Prepared By	K.Suneel	Approved by	
Sign. & Date	04-02-21	Sign. & Date	

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	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.