PURCHASE DIVISION Advice for approval for credit to supplier

Date:	16/02/202	1	Prepared	l by:	NEF	IA
PO/WO no.	73988		PO / WO	Date.	20/01/	2021
Supplier Name	_	enita	PO/WO	amount	6125	1-
Firm/Company	GNDC	2000	Project		Syners	
Sl. No.	Bill No.		Bill Date	9	Bil amount] •
1	791		23	01/2021	6125	
2				01/2021	1	
3						
4						
Amount A – Bi	lls total(Excluding Trans	port & Ham	nali Charges):	***************************************	6125	1_
Sl. No. DC	C.No	DC. Date		MRN No.	DC matches M	
1.		1		87994	□ Yes □ No	
2.				0 (11)	□ Yes □ No	
3.					□ Yes □ No	
Amount B -Oth	ner Credits : Transportation	on charges				
Amount C -Oth	ner Debits :					
Amount D (D=	A+B-C) – Amount to be	credited to	the supplier:		CIDE	_
Amount E - PC) / WO value:				6125	1-
Amount F - Dif	fference (A – E): GST-18	3%				
Quantity receive	ed as per PO/WO		Yes 🗆 Excess re	ceived Short receive	ed Other (explai	ned below)
Is difference be	tween PO / Bill acceptab	le?	□ Yes □ No (expla	ined below)		
Excess / short n	naterial received		□ Approved – with	in acceptable limits	No (explained be	elow)
Close PO / W?C)		Yes No - wait	for balance material	□ No (explained b	elow)
Advance paid /	PDC given (deduct when	paying)	□ Yes - Rs. /-	D No	4	
Payment - due	date		20 02/20	121		
Remarks:			20 (02/2)) = 1		
		\	1			
Approved by	Purchase Purch Officer Mana		Manager	Accounts receiver of bill		Accounts Manager
Sign:	Nehy P&	8	FEB 2021			
Date =	18/2/2021/8/2	MINIS MANAGER	H PARIKH PROCUREMENT	s not match prepare I	V 6- 1-1-1-	lit 2 Attach

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/-

Dated

Praful Sanitary

Invoice No.

	6 429/6,SRI SAI TOWER,				20-21/			23-	Jan-20	21
	.No.4 HIMAYAT NAGAR YDERABAD				ery Not	te				
G	STIN/UIN: 36ACWPG4864A1ZG			Invo				045	D-f-	
	ate Name : Telangana, Code : 36			Supp	olier's R	et.				rence(s)
	Mail : prafulsanitary@gmail.com			Runge	er's Orde	or No		Dat	dit	
	V Discovery Center Pvt Ltd			7398		er No.		100000000		24
	4-187/3&4, IInd Floor,				oatch D	ocum	ent No		Jan-20 ivery No	
	pham Mansion, M G Road			Invo		ocum	cint 140.		Jan-20	
	ecunerabad.				patched	throu	igh		stination	
	STIN/UIN : 36AAHCG4940K1ZC			Self				Thi	urkapa	llv
Si	ate Name : Telangana, Code : 36							1		,
-	Description of	LICALIC	240	COT	0		D-1-	1	D' 0/	
SI No.	Description of Goods and Services	HSN/S	SAC	GST Rate	Quant	iity	Rate	per	Disc. %	Amount
			-				are ancomo via virta.			
1	160mm Pvc Rigid Pipe 2.5 Kg	3917		18 %	3 Ingt	ths	2,703.48	3 Ingths	36 %	5,190.68
	Output CGST	-								467.16
	Output SGST									467.16
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	5 6									
	5 153.4.9							-		
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	Sign: A Ch									
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					80					
	Total				3 Ingt	ths				₹ 6,125.00
	nount Chargeable (in words)	_								E. & O.E
In	dian Rupees Six Thousand One Hundred Twenty Five O	nly								
	HSN/SAC		Taxa			tral Ta			te Tax	Total
20	47		Valu		Rate	Amo		ate	Amour	
			5, 18	0.00		40	57.10		407	.10 934.32
99					14%			14%		
		Total	5,19	0.68		46	7.16		467	.16 934.32
Tax	x Amount (in words) : Indian Rupees Nine Hundred Thirty Foundation Company's PAN : ACWPG4864A		5,19 5,19	0.68	9% 9% 14%	46	67.16 67.16	9% 9%	467	.16 934.3
de	e declare that this invoice shows the actual price of the goods escribed and that all particulars are true and correct.								Α	uthorised Signatory
ue	solibed and that an particulars are true and correct.				-					- 31

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice

GST INVOICE

Total 3 1 18 % 3 1 3 3 3 3 3 3 3 3	Pr	aful Sanitary		Invo	ice No.		Dat	ed		
Total Single S	3-6	8-429/6, SRI SAI TOWER,				1	23.	Jan-20	021	
Supplier's Ref. Other Reference(s)	1	DERABAD			None of the second					
Mail : prafulsanitary@gmail.com Super Su							Oth	er Refe	rence(s)
V Discovery Center Pvt Ltd 187388 1874 187386 1874 187384 1874 187384 1874 187384 1874 18	=-	Mail : prafulsanitary@gmall.com		- _						7
Despite Decement No. Delivery Note Date Despite Decement No. Delivery Note Date Despite De		프로그램		0.00		No.	111111111			*
Invoice 23-Jan-2021 Control	5-4	4-187/3&4, IInd Floor,				ment No.				15
Description of Goods and Services HSN/SAC GST Quantity Rate per Disc. % Amount Per Per Disc. % Amount Per	30	ham Mansion, M G Road		Inve	olce		4.00			
Description of Goods and Services HSN/SAC GST Quantity Rate per Disc. % Amount				1		rough				
Total Sale Rate	Sta	ate Name : Telangana, Code : 36		Sel			Th	urkapa	illy	
Total Sale Rate	201									
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ompany's PAN : ACWPG4864A Paratul Sanita	Ve	declare that this invoice shows the actual price of the goods						A	uthorised	Signator
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Purchase Order

Page(s) 1 Of 1

21-01-2021 3:11:37 PM

73988

16.01.21 10:36:45

From Company: G V Discovery Center Pvt Ltd

5-4-187/3&4, II nd Floor, Soham Mansion ,MG Road, Secunderabad-50000

G S T No.: 36AAHCG4940K1ZC

Supplier Details				
Praful Sanitary		Doc No	73988	13150
3-6-138/5, Himayat Nagar, Hyd	erabad.	Doc Date	20-01-202	21
		Quote No	Nil	
GSTIN 36ACWPG864A1ZG	40077300	Quote Date	20-01-202	21
65526886.	9849624797	SupplyType	Supply	

Kind Attn: Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Qty	Rate	Dis%	GST	Amount
3.00	2,703.48	36.00	18.00	6,125.00
	Total Or	der Valu	e	6,125.00
		3.00 2,703.48	3.00 2,703.48 36.00	.,

Terms and Conditions :-

Specification /

As per details given in the quotation.

Payment Terms

After Delivery & Production of bill

Tax

All taxes included in above price.

Delivery Date

Next Day

Delivery Location

119, 191 Synergy Square 1

Phone. .

Penality For Delay Nil

Transportation

Transport cost shall be borne by us.

Warranty

Nil

Advance Paid

NII

Other Terms

We reserve the right to reject items not conforming to quality and specifications. Above order for plinth beams sleeves

purpose.

Completion Date

Nil Nil

Measurment Security

Nil

Remarks

For GV Discovery Center Pvt Ltd

Authorised Signatory

Name :

Accepted the above Terms And Conditions

For Praful Sanitary

Name : ______ Date : __/__/___

Requisition Form

Company Name:		GVDC		Date:	16.01.2021				
Site & Phase : SYNERGY		SYNERGY I	19,191	Time:		15:00 Hrs			
				Req. No.		13150			
Mate	erial required before date:	Ur	gent	ID No.		63133			
No	Descripti	on	Size	Quant	tity Units	Inward No	Date		
1	MCB Single Pole	- 7398	7 16A	12	Nos				
2	3 Core Cable	7398	4 Sq mm	100	Meters				
3	Recron Bag	, 1	STD	01	Nos				
4	Sleeves	73988	6"	17	Meters				
5		, '							
6									
7									
_m	arks: For Borewell & Plin	th Beams purpose	e.				1		
Prepared By: G Rajesh Babu		1	Approved by			57			
Sign.& Date		16.01.2021		Sign. & Date		APPROVE!			
					5	Pbr. 1 30	51 /		
		-			X	18 JAM	0213		
Not	te: On receipt of material a	at site write inward	l number and date	in last 2 columns	. \./	AAN OIL	EC		