PURCHASE DIVISION Advice for approval for credit to supplier



Date:	19.3.21			Prepare	d bv:		T Bhasker			
PO/WO no	3	5000		PO/W	•			<u> </u>		
Supplier N	ame Sla	,		PO/WO amount			20/2/21			
Firm/Comp	pany	School Cap	Cap_tes		anioun	·	3700			
Sl. No.	Bill No.	73 CCB		Project			40			
1				Bill Dat	e		Bill amount			
2		033701			6/3	1 21	3700			
3							1			
4				<u> </u>						
	– Bills total(Exclud			es):			3709	3		
Sl. No.	DC No	DC. I	Date		MRN	No.	DC matches M			
1.							□ Yes □ No			
2.							□ Yes □ No			
3.							□ Yes □ No			
	Other Credits:Tra	nsportation charg	es							
Amount C	Other Debits:			· · · · · · · · · · · · · · · · · · ·			-			
Amount D	(D=A+B-C) – Amo	ount to be credited	to the supplie	er:	 - <u>-</u>		6			
Amount E-	- PO / WO value:						3,700			
Amount F -	- Difference (A – E): GST-18%					320	<u> </u>		
Quantity re	ceived as per PO /V	VO	□ Yes □	Excess re	ceived	□ Short received	l 🗆 Other (explai	ned helow)		
Is difference	e between PO / Bill	acceptable?	□ Yes □					med below)		
Excess / sho	ort material receive	đ				•	No (avalained h	Naw Y		
Close PO /	W?O			☐ Approved—within acceptable limits ☐ No (explained below) ☐ Yes ☐ No — wait for balance material ☐ No (explained below)						
Advance pa	id / PDC given (de	duct when paying	Yes - I	337	_ 0 O _ □ No	——————	140 (explained 0	elow)		
Payment - c	lue date				<u> </u>					
Remarks:	_		Adv	any	1 200	<u> </u>				
							· · · · · · · · · · · · · · · · · · ·			
Approved	l Purchase	Purchase	Procurement	·	<u>(D</u>	T-:				
by	Officer	Manager	Manager	N	ΙD	Accounts – receiver of	Accountant	Accounts Manager		
Sign:	1/6			-		bill				
Date	19.3.21									
Notes: 1 In	2000 000 000 1			_		<u>L</u>	1			

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/-

SHWETA COMPUTERS

SHOP NO.1,2,3,4,GROUND FLOOR CHENOY TRADE CENTER, PARKLANE SECUNDERABAD 500003

GST: 36ACUFS2935A1ZZ

PHONE:66143437,66143438,66143439

PAN: ACUFS2935A

GST INVOICE

To: SUMMIT SALES LLP 5-4-187/3&4, 3rd FLOOR M.G ROAD, RANIGUNJ, HYD PH:9502199355

INVOICE NO. : 033701

INVOICE DATE : 06/03/2021

PARTY PAN NO. 75000

PARTY GST NO. : 36ACQFS2044C1Z7

PARTY STATE NAME: Telangana

PO NO 75000 DATE 30 02 2024

****	PO NO. 75000 DATE:20-02-2021											
S.NO	PRODUCT DESCRIPTION	HSN	QTY	The second second second	3.3. (2.142)380980380803		CGST		GST /		IGST	AMOUNT
1	HDD 1 TR I ADTOR SCT (CT4000) 44005	Code	15.2		PRICE	%	AMT.	%	AMT.	%	AMT.	
1	HDD 1 TB LAPTOP SGT (ST1000LM035)	84717020	1	3700.00	3135.59	9.000	282.20	9.000	282.20			3135.59
												3135.59
	Add: CGST-				9.00%		<u> </u>					282.20
	Add: SGST- Add: ROUND OFF-				9.00%	-						282.20
	Add . ROUND OFF-										-	0.01
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İ	Signature of quotamen		<u> </u>						-			
Ь	Signature of customer		1			L]					

Rupees Three Thousand Seven Hundred Only

Total Rs.

3700.00

TERMS & CONDITIONS:

SERVICE TIME (12:00PM TO 5:00PM) MONDAY TO FRIDAY

E.& O.E

1. No warranty for burnt/Physical damage goods.

2. For Warranty bring Product with box.

3. In case of default interest payable @ 24% p.a. from bill date

4. All disputes are subject to secunderabad jurisdiction

5. Payment should be sent through A/c payee cheque/Draft only

6. Standard Warranty 11 months from the date of Invoice.

7. No warranty on adaptor, cables, earphone, other accessories & consumbales products etc

Warranty on all the parts or equipments is as per Manufacturer standard policy and shall be directly provided by Manufacturers only.



For Shweta Computers

Authorised Signatory

Purchase Order

Page(s) 1 Of 1

23-02-2021 4:42:19 PM

16.02.21 11:20:54

From Company:

Summit Sales LLP

5-4-187/3&4,II nd floor,MG Road, Secunderabad-500003.

G S T No.: 36ACQFS2044C1Z7

1	Supplier Details	
	Shweta Computers	
6:1		

Shop no. 1 to 4 & 1A, 2A, 58A, 59A, Chenoy Trade Centre, Parklane, Secunderabad - 500 003.

GSTIN 36ACUFS2935A1ZZ

9248091726

Doc No	75000	182650
Doc Date	20-02-202	21
Quote No	Nil	
Quote Date	20-02-202	21
SupplyType	Supply	

Kind Attn: Mr.Irfan

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 3529 - Computers and Peripherals - Hard Disk - NA - Nos 1 TB	1.00	3,700.00	0.00	0.00	3,700.00
Rupees : Three Thousand Seven Hundred Only,		Total O	der Valu	е	3,700.00

Terms and Conditions :-

Specification /

All items shall be of Dell brand

Payment Terms

100% as advance

Tax

Inclusive of all taxes

Delivery Date

Next Day.

Delivery Location

Head Office

5-4-187/3 & 4, II nd Floor, M.G.Road, Secunderabad - 500003

Phone. 040-66335551

Penality For Delay

Transportation

Transport cost shall be borne by us.

Warranty

Nil

Advance Paid

3700 /-

Other Terms

We reserve the right to reject items not conforming to quality and specifications, above order for E &D dept

Completion Date

Measurment

Nil Nil

Security Remarks

For <i>Summit</i>	Sales	LLP
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Authorised Signatory

Accepted the above Terms And Conditions

For Shweta Computers

Massa -		
Name :	Name :	Date: / /

Requisition Form

Comp	oany Name:	Summit Sale	s LLP	1	Date	:		01-02-21	
Site &	e & Phase : Head O				Time	₽:			
Supp	lier				Req	No.		182690	
Mate	rial required before date:				ID N	lo.		64143	
No	Descri	ption		Size		Quantity	Units	Inward No	Date
1	1TB Harddisk [*]					1	Nos		
2	8 GB DDR4 RAM					1	No		
3	· ···		:	/5	2/				
4				_	8	0 0			_
5				¥	2^{λ}				
6	·		,o ^O	No. Ch.	1				
7		6) - 	0 4					
8	:	<u> </u>	1	, v)		,			
9									
Rem	arks: This is for E & D	Dèpt							
Prep	pared By	K.Suneel			Ap	proved by			
Sign	a.& Date	01-02-21			Sig	n. & 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 require	d before date:		ID No.			
No	Description	Size	Quantity	Units	Inward No	Date
1						
7).						
3		·				
4						
5	. :			·		
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7	÷					
8						=
9						
10						
Remarks:		1,	·			···-
Prepared By			Approved by			······································
Sign.& Date			Sign. & Date			

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