PURCHASE DIVISION Advice for approval for credit to supplier

Date:		28/3	21				Prepared by:			NEHA		
PO/WO no		75212			=		PO / WO Date.			10/3	21	
Supplier Na	ame	Prafil Sanita			0211		PO/WO amount				,	
Firm/Comp	any	MOPI			3		Project			15, 668/-		
Sl. No.		Bill No.					Bill Date	;		Bill amount		
1		966					15	2/21		15, 668		
2					1		, (1	1	
3								17				
Amount A	– Bills	total(Excludi	ing Transp	ort &	Hamali	i Charge	es):			15,66	01-	
Sl. No.	DC .	No		DC. I	Date			MRN N	No.	DC matches M		
1.			\ <u>\</u>			^		90	059	□ Yes □ No		
2.										□ Yes □ No		
3.					/					□ Yes □ No		
Amount B	-Other	Credits :_Tra	nsportation	n char	ges/Cha	Charges				-		
Amount C	-Other	Debits:										
Amount D	(D=A-	+B-C) – Amo	unt to be	credited	d to the	the supplier:				15,660/-		
Amount E	- PO /	WO value:				-				15,6681-		
Amount F -	- Diffe	erence (A – E)): GST-18	%		/						
Quantity re	ceived	as per PO /W	/O			Yes □ Excess received □ Short received □ Other (explained below)						
Is differenc	e betw	een PO / Bill	acceptab	le?	2	□ Yes □ No (explained below)						
Excess / she	ort ma	terial received	i			□ Approved – within acceptable limits □ No (explained below)						
Close PO /	W?O		-		6	☐ Yes □ No – wait for balance material □ No (explained below)						
Advance pa	id / Pl	DC given (dec	duct when	paying	g) 🗆	Yes – R	Rs	No				
Payment -	due da	te		Ę.	-	3113	3/21			6	-	
Remarks:		a.							37.5.0.17.0.18.0.18.0.18.0.18.0.18.0.18.0.18	V		
						1				2 2		
Approve by	d	Purchase Officer	Purch Mana			urement anager	N	1 D	Accounts – receiver of bill	Accountant	Accounts Manager	
Sign:	4	John	to A	1	25 N	MAR 20	71					
Date	2	5/3/21	10	5								

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/-

Pr	raful Sanitary		Invoi	ce No.		Dat	ed	
3-	6-429/6,SRI SAI TOWER,		PS/2	20-21/ 966		15-	Mar-20	21
	No.4 HIMAYAT NAGAR		Deliv	ery Note				
	YDERABAD STIN/UIN: 36ACWPG4864A1ZG		Invo					
St	ate Name : Telangana, Code : 36		Supp	olier's Ref.		Oth	er Refe	rence(s)
	Mail : prafulsanitary@gmail.com						edit	
100000	iyer			r's Order N	0.	Dat	ed	
	odi Properties Private Limited 4-187/3 & 4, IInd Floor, M.G. Road		752				Mar-20	
	ecunderabad			atch Docu	ment No.	150000000000000000000000000000000000000	ivery No	
	STIN/UIN : 36AABCM4761E1ZM		Invo	atched thre	ough		Mar-20 stination	
St	ate Name : Telangana, Code : 36		Self		Jugii			
			Sell			IVIA	y Flow	er Platinum
SI	Description of Goods	HSN/SAC		Quantity	Rate	per	Disc. %	Amount
No.			Rate			_		
1	550x550mm CI Frame & Cover	7325	18 %	8 No:	2,213.00	No:	25 %	13,278.00
	,							
	Output CGST							1,195.02
	Output SGST Less: ROUNDING OFF							1,195.02
	ROUNDING OFF							(-)0.04
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	INWARD	- 11						
		-						
	Inward No. 5869 Dt: 588	<u> </u>						
	MRN No: 90059 DE:							
	Description of Description of Description							10 10000 00
	Received By: Sign:	Ħ						
	Paralana and paralamental control paralamental and a serial paralament							
	MODI PROPERTIES PYT. LTD. Sy.No. 8	2/1.				21	0	W 5
	The rest of the control of the contr							a b v
	Total			8 No:				₹ 15,668.00
Am	nount Chargeable (in words)							E. & O.E
In	dian Rupees Fifteen Thousand Six Hundred Sixty Eight 0	Only						
	HSN/SAC	Taxa		Central			ate Tax	Total
		Va				ate	Amour	
73	25		78.00 78.00		195.02 195.02	9%	1,195 1,195	
							1,193	.02 2,000.04
Ta	x Amount (in words): Indian Rupees Two Thousand Three Hu	ndred Nin	ety an	d Four pa	aise Only			MALE
							11.0	200
							16	1 /2/
							1 × (8A	ANTAYAMIH
							121	131
							1/2	108
Cr	ompany's PAN : ACWPG4864A						-	or Praful Sanitary
De	claration						5	Acres (Acres
W	e declare that this invoice shows the actual price of the goods							utherized Cianatan
de	escribed and that all particulars are true and correct.						A	uthorised Signatory
	SUBJECT TO HYDERA	ABAD JURISD	ICTION					

This is a Computer Generated Invoice

Purchase Order

Page(s) 1 Of 1

11-03-2021 11:52:54 AM

75212

04.03.21 12

12:20:51

From Company: Modi Properties Pvt.Ltd.

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

G S T No.: 36AABCM4761E1ZM

Supplier Details				
Praful Sanitary		Doc No	75212	177418
-6-138/5, Himayat Nagar, Hyderabad.		Doc Date	10-03-202	21
		Quote No	Nil	
GSTIN 36ACWPG864A1ZG	40077300	Quote Date	25-02-202	21
65526886.	9849624797	SupplyType	Supply	

Kind Attn: Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 7011 - Plumbing - CI - Manhole cover - NA - nos 22" x 22"	8.00	2,213.00	25.00	18.00	15,668.0
		Total O	der Value	e	15,668.04

Terms and Conditions :-

Specification /

As per details given in the quotation.

Payment Terms

After Delivery & Production of bill

Tax

Inclusive of all taxes

Delivery Date

Next Day.

Delivery Location

May Flower Platinum

Sy 82/1, Mallapur, Nacharam.

Phone. 7680971999

Penality For Delay Nil

Transportation

Transport cost shall be borne by us.

Warranty

Advance Paid

Nil Nil

Other Terms

We reserve the right to reject items not conforming to quality and specifications. Above order for OHT tanks purpose

Completion Date

Nil

Measurment Security

Nil

Remarks

Nil

For Modi Properties Pvt.Ltd.

Authorised Signatory

Accepted the above Terms And Conditions
For *Praful Sanitary*

Name ·

Date : __/__/___

Purchase Order

Page(s) 1 Of 1

11-03-2021 11:52:54 AM

75212

04.03.21 13

12:20:51

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G S T No.: 36AABCM4761E1ZM

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3-6-138/5, Himayat Nagar, Hyde	Doc Date	10-03-2021			
		Quote No	Nil		
GSTIN 36ACWPG864A1ZG	40077300	Quote Date	25-02-202)2-2021	
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Measurment

Nil Nil

Security Remarks

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For Modi Properties Pvt.Ltd.

Authorised Signatory

Accepted the above Terms And Conditions
For **Praful Sanitary**

, –		
	Name :	

Date:	1	,	

Requisition Form

	7			requisi	tion o	****				
Com	pany Name:		perties Pvt l		Date:			23-02-2021		
Site &	½ Phase :	May Flow	er Platinum	1	Time:			11.45		
Supp	lier				Req.No.			177418		
Mate	rial required before date:		26-02-202	21	ID No.			64257		
No	Descript	tion		Size	:	Quantity	Units	Inward No	Date	
1	CI Square covers with fran	ne		22" x 2	22"	8	nos			
2	Ad	· .								
3	N /10	/								
4	6.									
5								1		
6	60	V		168	x ,			V		
7	35.2		λ	7	/			APPROVED BY		
8	,			/				2 L EER 2021		
9						And	·	Z 4 FLD 2021		
10						21/	Action 1	SOHAM MODI MANAGING DIRECT	OR	
Rema	arks: Towards OHT Tanks	use purpose					K-m			
гера	ared By	K.Narend	er Reddy		Approv	ved by		S.V.Subba Reddy		
Sign	& Date	23-02-202	21		Sign &	Date				

Page(s) 1 Of 1

25-02-2021 10:17:56 AM

Original / Office Copy / Purchase Div.Copy

APPROVED BY

From Company: Modi Properties Pvt.Ltd.

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

G S T No.: 36AABCM4761E1ZM

Supplier Details				
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3-6-138/5, Himayat Nagar, Hy	Doc Date	25-02-2021		
		Quote No	Nil	
GSTIN 36ACWPG864A1ZG	40077300	Quote Date	25-02-202	21
65526886.	9849624797	SupplyType	Supply	

Kind Attn: Mr. Ashish Gupta

Estimate/Draft PO for the Supply of following Items.

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Measurment

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Security Remarks

Nil Nil

For Modi Properties Pvt.Ltd.

Authorised Signatory

Accepted the above Terms And Conditions

For **Praful Sanitary**

	200	
Name : _	1	

Name:		
-------	--	--

Date : __/__/_