8

PURCHASE DIVISION Advice for approval for credit to supplier

Date:		15-1	1-2)		Prepare	d by:		NEH	Α
PO/WO no		760	52	,		PO / W	O Date.	8	31-3-	21
Supplier N	ame	Pratul		·tary		PO/WO	amount		10,75	1.52
Firm/Comp	oany	vista	Н	omes		Project			vista r	
Sl. No.		Bill No.				Bill Dat	е		Bill amount	
1		3	3			10	04 ~	21	10,755	5 /
2	54									
3										
4										
Amount A	– Bills t	otal(Excludi	ng Trans	port & Har	nali Charge	es):			10,75	5/-
Sl. No.	DC .N	0		DC. Date	9		MRN 1	No.	DC matches M	
1.			1		/		911	55	□ Yes □ No	
2.									□ Yes □ No	
3.							□ Yes □ No			
Amount B -Other Credits : Transportation charges									-	
Amount C	-Other	Debits :						B	_	
Amount D	(D=A+I	3-C) – Amou	int to be	credited to	the supplie	er:			10,75	55/-
Amount E	- PO / V	VO value:							10,75	34,52
Amount F	- Differ	ence (A – E)	GST-18	9%					-	
Quantity re	ceived a	s per PO/W	O		y Yes 🗆 I	Excess re	eceived [Short received	l Other (explain	ned below)
Is difference	e betwe	en PO / Bill	acceptab	le?	□ Yes □ 1	No (expl	ained bel	ow)		
Excess / sh	ort mate	rial received			□ Approv	red - wit	hin accep	table limits	No (explained be	low)
Close PO /	W?O				∠Yes □ l	No – wai	t for bala	nce material	No (explained be	elow)
Advance pa	aid / PD	C given (ded	uct when	paying)	□ Yes - F	₹s	- No			-
Payment – due date				19-04-2021						
Remarks:										
					ì					2
Approve	ed	Purchase Officer	Purch Mana	E CONTRACTOR	roduremen Manager	t of	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:	1	100	DA	1	APR ZU	7.1				
Date		slyles	1	U MIN	BOH PAR					

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/-

-				Tr						
	raful Sanitary 6-429/6,SRI SAI TOWER,				ce No.	2		ted -Apr-20	21	
	t.No.4 HIMAYAT NAGAR		PS/21-22/ 33 Delivery Note				-Apr-20	121		
	YDERABAD			Invo	100					
	STIN/UIN: 36ACWPG4864A1ZG tate Name: Telangana, Code : 36				olier's Re	f.	Oth	er Refe	rence(s)	
	-Mail : prafulsanitary@gmail.com						Cr	edit		
	uyer			Buye	er's Order	No.		ted		
	sta Homes			76052				-Mar-20		
	4-187/3 & 4, IInd Floor, M.G.Road ecunderabad					cument No		no. 555	te Date	
	STIN/UIN : 36AAGFV2068P1ZJ			Invo	oice patched t	brough		-Apr-20 stination		
St	ate Name : Telangana, Code : 36			Self		incugii	10000	shaigu		
				Jen			IXU	snaigu	ua	
-	Description of	LICAL	1000	COT	0 11			TD: 0/		
SI No.		HSN		GST Rate	Quantit	y Rate	per	Disc. %	Amou	rit
1	Etios Extended Wall Hung Tank	6910		18 %	4 No	3,255.	00 No	30 %	9,11	4.00
	Output CGST Output SGST									20.26
	ROUNDING OFF									0.48
	The grant of the g									
	2 / 2		100							
				2						
				. 3						
				0.65						
				2						
				£.						
	(6)								8	
	Total				4 No) :			₹ 10,75	
An	nount Chargeable (in words)								E . 8	3 O.E
In	dian Rupees Ten Thousand Seven Hundred Fifty Five O	nly								
	HSN/SAC		Taxa		Centra			ate Tax	To	
00	WO.		Valu	4.00	Rate /	Amount 820.26	Rate 9%	Amou 820		40.52
99	010		0,11	4.00	9%	OLU.LU	9%			
99					14%	000.00	14%	920	20 40	10 F2
		Total		4.00		820.26		820	.20 1,6	10.52
Та	x Amount (in words): Indian Rupees One Thousand Six Hund	red F	orty a	ind Fi	rty Two	paise O	nly	HIMA	YATTUASAR *	

Company's PAN

: ACWPG4864A

Declaration
We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

for Praful Sanitary

Authorised Signatory

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice





Purchase Order

Page(s) 1 Of 1

31-03-2021 3:42:32 PM

Orig

30.03.21

From Company: Vista Homes

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

G S T No.: 36AAGFV2068P1ZJ

Supplier Details				
Praful Sanitary	Doc No	76052	180737	
3-6-138/5, Himayat Nagar, H	Doc Date	31-03-2021		
	Quote No	Quote No Nil		
GSTIN 36ACWPG864A1ZG	40077300	Quote Date	31-03-2021 Supply	
65526886.	9849624797	SupplyType		

Kind Attn: Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 7301 - Plumbing - sanitary - Gasket Saifan Set - NA - nos Etios	4.00	3,255.00	30.00	18.00	10,754.52
		Total Or	der Value	e	10,754.52

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

Same Day

Delivery Location Vista Homes

Sy. No. 193, Kapra, Hyd. From ECIL take left in lane opposite MRR school

Phone. Contact: 8790166611

Penality For Delay Nil

Transportation

Transport cost shall be borne by us.

Warranty

Nil

Advance Paid

Nil

Other Terms

We reserve the right to reject items not conforming to quality and specifications. Above order for E 011,210,212,310

fixing purpose

Completion Date

Measurment

Nil Nil

Security

Nil

Remarks

For Vista Homes

Authorised Signatory

Accepted the above Terms And Conditions

For **Praful Sanitary**

Name:

Date : __/__/___

Requisition Form

Company Name:	Vista Ho	mes		Date:		31.03.21		
Site & Phase :	Vista Ho	Vista Homes				12:05		
Supplier:			eq. No.		180737			
Material required before date		01.04.21		D No.		65078		
No Des		Size	Quantity	Units	Inward No	Date		
1 Flush Tank Hindwar	·e			04	No's			
2								
3	260	52						
4			77			-		
5								
6				=		WEBUED		
7					APPAP	PRO		
9					13	1 MAR 2041		
9					DRAB	HAKARAKAR		
10				(MANAGE	ANA DER DORUMAN	,	
Remarks: For E-011,210,212	2,310Fixing pur	pose.		15	-			
Prepared By	T.Madhu		A	pproved by				
Sign.& Date 31.0			S	ign. & Date				

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