PURCHASE DIVISION
Advice for approval for credit to supplier

Date:	23/4/21	Prepared by:	MOUNIKA
PO/WO no.	76453	PO / WO Date.	17/4/21
Supplier Name	SSLWP	PO/WO amount	14,877/-
Firm/Company	SOV LWP	Project	SOV
Sl. No.	Bill No.	Bill Date	Bill amount
1	61	19/4/21	14,877/-
2			
3			
4			
Amount A – Bills total(Excluding Transport & Hamali Charges):			14,877/-

Sl. No.	DC .No	DC. Date	MRN No.	DC matches MRN
1.			91295	☑ 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:				14,877/-
Amount E – PO / WO value:				14,877/-
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	30/4/21

Remarks: Incentives 20/-

Approved by	Purchase Officer	Purchase Manager	Procurement Manager	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:	[signature]	[signature]					
Date	23/4	23/4					

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/-

GST INVOICE

(ORIGINAL FOR RECIPIENT)

Praful Sanitary
3-6-429/6,SRI SAI TOWER,
St.No.4 HIMAYAT NAGAR
HYDERABAD
GSTIN/UIN: 36ACWPG4864A1ZG
State Name : Telangana, Code : 36
E-Mail : prafulsanitary@gmail.com

Invoice No. **PS/21-22/ 61**	Dated **19-Apr-2021**
Delivery Note **Invoice**	
Supplier's Ref.	Other Reference(s) **9502288244**
Buyer's Order No. **76453**	Dated **17-Apr-2021**
Despatch Document No. **Invoice**	Delivery Note Date **19-Apr-2021**
Despatched through **Goods Vehicle**	Destination **Cherlapally**

Buyer
Silver Oak Villas LLP
5-4-187/3&4, IInd Floor, M.G. Road
Secunderabad
GSTIN/UIN : 36ADBFS3288A2Z7
State Name : Telangana, Code : 36

Sl No.	Description of Goods and Services	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	**315 Chamber Riser**	3917	18 %	**20 No:**	788.00	No:	20 %	**12,608.00**
	Output CGST							**1,134.72**
	Output SGST							**1,134.72**
	Less : ***ROUNDING OFF***							**(-)0.44**
	Total			**20 No:**				**₹ 14,877.00**

INWARD WITH TIME: 14:05
Inward No. 15729 Dt. 19/4/21
MRN No: 9had Dt: 19/4/21
Received By: Sign:
SILVER OAK VILLAS LLP

Amount Chargeable (in words)

E. & O.E

Indian Rupees Fourteen Thousand Eight Hundred Seventy Seven Only

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
3917	12,608.00	9%	1,134.72	9%	1,134.72	2,269.44
99		9%		9%		
99		14%		14%		
Total	**12,608.00**		**1,134.72**		**1,134.72**	**2,269.44**

Tax Amount (in words) : **Indian Rupees Two Thousand Two Hundred Sixty Nine and Forty Four paise Only**

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.

PRAFUL SANITARY HIMAYATNAGAR HYDERABAD
for Praful Sanitary

Authorised Signatory

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice

No. 767351
Date 2014

Purchase Order

 17-04-2021 12:14:53 PM

Orig 76453 16.04.21 1:10:44

From Company : **Silver Oak Villas LLP**
5-4-187/3 & 4, IInd Floor, M.G.Road, Secunderabad - 500003
G S T No. : 36ADBFS3288A2Z7

Supplier Details			
Praful Sanitary 3-6-138/5, Himayat Nagar, Hyderabad. **GSTIN** 36ACWPG864A1ZG 40077300 65526886. 9849624797	**Doc No**	76453	156439
	Doc Date	17-04-2021	
	Quote No	Nil	
	Quote Date	01-02-2021	
	SupplyType	Supply	

Kind Attn : Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

	Item Name	Qty	Rate	Dis%	GST	Amount
1	10182 - Plumbing - PVC - Riseer - NA - Nos *315 MM*	20.00	788.00	20.00	18.00	14,877.44
					Total Order Value . . .	**14,877.44**

Rupees : Fourteen Thousand Eight Hundred Seventy Seven and Paise Fourty Four Only.

Terms and Conditions :-

Specification /	All items shall be of 'Supreme' brand.
Payment Terms	Within 30 days of delivery.
Tax	Inclusive of all taxes
Delivery Date	Within 7 days
Delivery Location	Silver Oak Villas Phase - IX Sy. No. 291, Cherlapally, Hyderabad, next to Govt. of india mint Phone. Contact: Security 65908777, 9502288244 Sanjay
Penality For Delay	Nil
Transportation	Included in the above price.
Warranty	Nil
Advance Paid	Nil
Other Terms	We reserve the right to reject items not conforming to quality and specifications. Above order for V.no. 126,127 Drainage line purpose.
Completion Date	Nil
Measurment	Nil
Security	Nil
Remarks	

For ***Silver Oak Villas LLP***

Authorised Signatory

Name : ____________

Accepted the above Terms And Conditions

For ***Praful Sanitary***

Name : ____________

Date : __/__/____

Requisition Form

Company Name:	Silver Oak Villas LLP	Date:	16-04-2021
Site & Phase :	Silver Oak Villas	Time:	14.00
Supplier		Req. No.	156439
Material required before date:	18-04-2021	ID No.	65433

No	Description	Size	Quantity	Units	Inward No	Date
1	Eco drain 315mm raiser	315mm	20	Nos		
2	Crack fill powder packets 76453	-	10	Nos		

Remarks: For crack filling works at villas and for site purpose

Prepared By	P.Aishwarya	Approved by	APPROVED 17 MAR 2021 P. PRABHAKAR Sr. MANAGER PURCHASE
Sign.& Date	16-04-2021	Sign. & Date	

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

Company Name:	Silver Oak Villas LLP		
Site & Phase :	Silver Oak Villas		
Supplier			
Material required before date:		ID No.	

No	Description	Size	Quantity	Units	Inward No	Date
1						

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