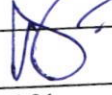


PURCHASE DIVISION  
Advice for approval for credit to supplier

Date:		28.4.21		Prepared by:		T Bhasker	
PO/WO no.		76475		PO / WO Date.		19/4/21	
Supplier Name		Pranful Saha		PO/WO amount		2124	
Firm/Company		CUDC		Project		Zangalaj	
Sl. No.	Bill No.	Bill Date	Bill amount				
1	79	23/4/21	2124				
2							
3							
4							
Amount A – Bills total(Excluding Transport & Hamali Charges):			2124				
Sl. No.	DC No	DC. Date	MRN No.	DC matches MRN			
1.			91456	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Amount B –Other Credits :Transportation charges			-				
Amount C –Other Debits :			-				
Amount D (D=A+B-C) – Amount to be credited to the supplier:			2124				
Amount E – PO / WO value:			2124				
Amount F – Difference (A – E): GST-18%			-				
Quantity received as per PO /WO		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Excess received <input type="checkbox"/> Short received <input type="checkbox"/> Other (explained below)					
Is difference between PO / Bill acceptable?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explained below)					
Excess / short material received		<input checked="" type="checkbox"/> Approved – within acceptable limits <input type="checkbox"/> No (explained below)					
Close PO / W?O		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – wait for balance material <input type="checkbox"/> No (explained below)					
Advance paid / PDC given (deduct when paying)		<input type="checkbox"/> Yes – Rs. _____/- <input checked="" type="checkbox"/> No					
Payment – due date		30/4/21					
Remarks:							
Approved by	Purchase Officer	Purchase Manager	Procurement Manager	MD	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:							
Date	28.4.21						

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

Buyer  
**GV Discovery Center Pvt Ltd**  
 5-4-187/3&4, IInd Floor,  
 Soham Mansion, M G Road  
 Secunerabad.  
 GSTIN/UIN : 36AAHCG4940K1ZC  
 State Name : Telangana, Code : 36

Invoice No. <b>PS/21-22/ 79</b>	Dated <b>23-Apr-2021</b>
Delivery Note	
<b>Invoice</b>	
Supplier's Ref.	Other Reference (s) <b>Credit</b>
Buyer's Order No. <b>76475</b>	Dated <b>20-Apr-2021</b>
Despatch Document No. <b>Invoice</b>	Delivery Note Date <b>23-Apr-2021</b>
Despatched through <b>Goods Vehicle</b>	Destination <b>Thurkapally</b>

SI No.	Description of Goods and Services	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	<b>600x600mm Rcc Cover Square</b>	6810	18 %	<b>4 No:</b>	500.00	No:	10 %	1,800.00
	<b>Output CGST</b>							162.00
	<b>Output SGST</b>							162.00
<b>Total</b>								<b>4 No: ₹ 2,124.00</b>

Amount Chargeable (in words) **Indian Rupees Two Thousand One Hundred Twenty Four Only** E & O.E

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
6810	1,800.00	9%	162.00	9%	162.00	324.00
99		9%		9%		
99		14%		14%		
<b>Total</b>	<b>1,800.00</b>		<b>162.00</b>		<b>162.00</b>	<b>324.00</b>

Tax Amount (in words) : **Indian Rupees Three Hundred Twenty Four 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.

for Praful Sanitary  
 Authorised Signatory

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice

**INWARD**

Inward No: <b>532</b>	Dt: <b>23/04/21</b>
MRN No: <b>91456</b>	Dt: <b>14/5/21</b>
Received By: <b>R. Salun</b>	Sign: <b>[Signature]</b>

Genome Valley Discovery Center Pvt. Ltd



# Purchase Order



76475

Page(s) 1 Of 1

20-04-2021 10:29:19 AM

Origin

16.04.21 1:10:45

From Company : **G V Discovery Center Pvt Ltd**  
5-4-187/3&4, II nd Floor, Soham Mansion ,MG Road, Secunderabad-50003  
G S T No. : 36AAHCG4940K1ZC

Supplier Details		Doc No	76475	13211
Praful Sanitary		Doc Date	19-04-2021	
3-6-138/5, Himayat Nagar, Hyderabad.		Quote No	Nil	
<b>GSTIN</b> 36ACWPG864A1ZG	40077300	Quote Date	19-04-2021	
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 7145 - Plumbing - other - Manhole sq. covers - - other - nos 24 x 24 5t	4.00	500.00	10.00	18.00	2,124.00
<b>Total Order Value . . .</b>					<b>2,124.00</b>

Rupees : Two Thousand One Hundred Twenty Four Only.

### Terms and Conditions :-

<b>Specification /</b>	As per details given in the quotation.
<b>Payment Terms</b>	After Delivery & Production of bill
<b>Tax</b>	Inclusive of all taxes
<b>Delivery Date</b>	Next Day.
<b>Delivery Location</b>	Innopolis Sy no-542, Genome Valley, Thurkapally, Hyderabad, Telangana Phone. 9502211011
<b>Penalty For Delay</b>	Nil
<b>Transportation</b>	Transport cost shall be borne by us.
<b>Warranty</b>	Nil
<b>Advance Paid</b>	Nil
<b>Other Terms</b>	We reserve the right to reject items not conforming to quality and specifications. Above order forseptick tank purpose
<b>Completion Date</b>	Nil
<b>Measurment</b>	Nil
<b>Security</b>	Nil
<b>Remarks</b>	

For **G V Discovery Center Pvt Ltd**

Authorised Signatory

Accepted the above Terms And Conditions

For **Praful Sanitary**

Name : \_\_\_\_\_

*(Signature)*  
21/04/2021

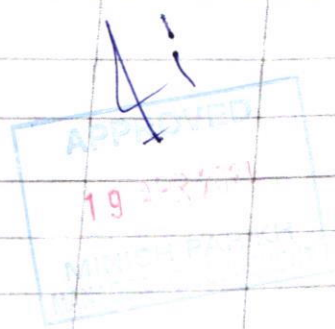
Name : \_\_\_\_\_

Date : \_\_\_/\_\_\_/\_\_\_

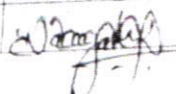
## Requisition Form

Company Name	GVDC	Date	19 04 2021
Site & Phase	Gennopolis	Time	10 30
Material required before date		Req No	13211
urgent		ID No	65477

No	Description	Size	Quantity	Units	Inward No	Date
1	Square c c manhole covers	2'-0" X 2'-0"	04	Nos		
2						
3						
4						
5						
6						
7						


  
 APPROVED  
 19 APR 2021  
 PROJECT MANAGER

Note :- For Septic tank use purpose

Prepared By:	Vineetha Reddy	Approved by	K. Narsing rao
Sign & Date	19 04 2021	Sign & Date	

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

**APPROVED BY**

**19 APR 2021**

**K. NARSING RAO**  
Project Manager