

PURCHASE DIVISION  
Advice for approval for credit to supplier

|                                                                                               |                  |                         |                                                                                                                                                                           |                                                          |                             |                               |                  |
|-----------------------------------------------------------------------------------------------|------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------|-------------------------------|------------------|
| Date:                                                                                         |                  | 03.05.21                |                                                                                                                                                                           | Prepared by:                                             |                             | BHAVANI                       |                  |
| PO/WO no.                                                                                     |                  | 76098                   |                                                                                                                                                                           | PO / WO Date.                                            |                             | 02-04-21                      |                  |
| Supplier Name                                                                                 |                  | Global safety solutions |                                                                                                                                                                           | PO/WO amount                                             |                             | 1,062                         |                  |
| Firm/Company                                                                                  |                  | MCMET                   |                                                                                                                                                                           | Project                                                  |                             | Manila modi memorial Hospital |                  |
| Sl. No.                                                                                       | Bill No.         | Bill Date               |                                                                                                                                                                           | Bill amount                                              |                             |                               |                  |
| 1                                                                                             | 1521             | 10-04-21                |                                                                                                                                                                           | 945                                                      |                             |                               |                  |
| 2                                                                                             |                  |                         |                                                                                                                                                                           |                                                          |                             |                               |                  |
| 3                                                                                             |                  |                         |                                                                                                                                                                           |                                                          |                             |                               |                  |
| 4                                                                                             |                  |                         |                                                                                                                                                                           |                                                          |                             |                               |                  |
| Amount A – Bills total(Excluding Transport & Hamali Charges):                                 |                  |                         |                                                                                                                                                                           |                                                          |                             | 945/-                         |                  |
| Sl. No.                                                                                       | DC .No           | DC. Date                | MRN No.                                                                                                                                                                   | DC matches MRN                                           |                             |                               |                  |
| 1.                                                                                            | 1521             | 10/4/21                 | 91538                                                                                                                                                                     | <input 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:                                   |                  |                         |                                                                                                                                                                           |                                                          |                             | 945                           |                  |
| Amount E – PO / WO value:                                                                     |                  |                         |                                                                                                                                                                           |                                                          |                             | 1,062                         |                  |
| Amount F – Difference (A – E): GST-18%                                                        |                  |                         |                                                                                                                                                                           |                                                          |                             | 117/-                         |                  |
| 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 type="checkbox"/> Yes <input type="checkbox"/> No (explained below)                                                                                                |                                                          |                             |                               |                  |
| Excess / short material received                                                              |                  |                         | <input 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                                                                            |                  |                         | 08-05-21                                                                                                                                                                  |                                                          |                             |                               |                  |
| Remarks: In Po wrongly entered GST 18%, so it difference is acceptable<br>→ Incentive RS-20/- |                  |                         |                                                                                                                                                                           |                                                          |                             |                               |                  |
| Approved by                                                                                   | Purchase Officer | Purchase Manager        | Procurement Manager                                                                                                                                                       | M D                                                      | Accounts – receiver of bill | Accountant                    | Accounts Manager |
| Sign:                                                                                         |                  |                         |                                                                                                                                                                           |                                                          |                             |                               |                  |
| Date                                                                                          | 31/5/21          | 04/21                   | 04 MAY 2021                                                                                                                                                               |                                                          |                             |                               |                  |

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/-

## Tax Invoice

(DUPLICATE FOR TRANSPORTER)

## GLOBAL SAFETY SOLUTIONS

#5-5-48,Ranigunj,  
Secunderabad-500003  
GSTIN/UIN: 36AAOFG9573A1Z5  
State Name : Telangana, Code : 36  
E-Mail : gss.infoteam@gmail.com

Invoice No.

1521

Dated

10-Apr-2021

Delivery Note

Mode/Terms of Payment

Supplier's Ref.

Other Reference(s)

Buyer

Buyer's Order No.

76098-162098

Dated

10-Apr-2021

Despatch Document No.

Delivery Note Date

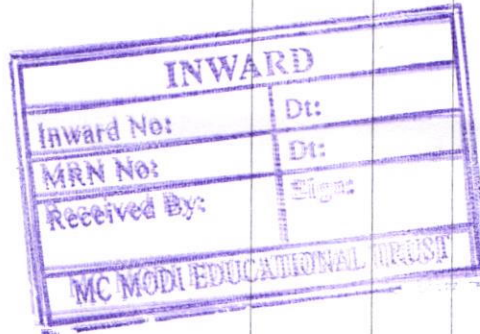
Despatched through

Destination

Terms of Delivery

**MC Modi Eductional Trust**  
5-4-187/3 & 4, IInd Floor, MG Road,  
Secunderabad-500003  
GSTIN/UIN : 36AAATM5488Q2ZO  
State Name : Telangana, Code : 36

| SI No | Description of Goods      | HSN/SAC  | GST Rate | Quantity | Rate  | per | Disc. % | Amount   |
|-------|---------------------------|----------|----------|----------|-------|-----|---------|----------|
| 1     | Cut Resistant Hand Gloves | 61161000 | 5 %      | 20 prs   | 45.00 | prs |         | 900.00   |
|       | CGST@2.5%                 |          |          |          | 2.50  | %   |         | 22.50    |
|       | SGST@2.5%                 |          |          |          | 2.50  | %   |         | 22.50    |
| Total |                           |          |          | 20 prs   |       |     |         | ₹ 945.00 |



Amount Chargeable (in words)

INR Nine Hundred Forty Five Only

E &amp; O.E

| HSN/SAC  | Taxable Value | Central Tax Rate | Central Tax Amount | State Tax Rate | State Tax Amount | Total Tax Amount |
|----------|---------------|------------------|--------------------|----------------|------------------|------------------|
| 61161000 | 900.00        | 2.50%            | 22.50              | 2.50%          | 22.50            | 45.00            |
| Total    | 900.00        |                  | 22.50              |                | 22.50            | 45.00            |

Tax Amount (in words) : INR Forty Five Only

Company's PAN : AAOFG9573A

Declaration

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

Company's Bank Details

Bank Name : AXIS BANK

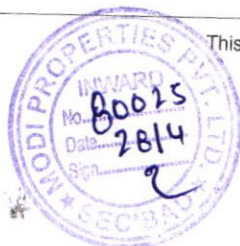
A/c No. : 919020070179320

Branch &amp; IFS Code: MG Road, Secunderabad &amp; UTIB0000068

for GLOBAL SAFETY SOLUTIONS

Authorised Signatory

This is a Computer Generated Invoice



GSTIN : 36AAOFG9573A1Z5

DELIVERY CHALLAN

☎ : +91 6281248297

+91 9581228898

+91 9502555088

**GSS****GLOBAL SAFETY SOLUTIONS**

Manufacturers Representatives and Marketers of Industrial and Safety Products.

# 5-5-48, Ranigunj, Secunderabad - 500 003. T.S.

E-mail : gss.infoteam@gmail.com

To, *MC Modi Educational Trust*  
*(Modi Properties)*

No. **1521**Date 10/04/2021Against your order No. 76098-162098

PARTY GSTIN :

Date \_\_\_\_\_

| S. No.                                                                                                                       | PARTICULARS               | QTY.   | RATE | HSN CODE | TAX |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------|------|----------|-----|
| 1)                                                                                                                           | Cut Resistent hand Gloves | 20 Pcs | 45/- |          |     |
| <div data-bbox="263 1246 749 1592" data-label="Image"> </div> <div data-bbox="805 1283 1043 1537" data-label="Image"> </div> |                           |        |      |          |     |

Goods once sold will not be taken back or exchanged.

Received the materials in good condition.

Subject to Secunderabad Jurisdiction

Signature of Customer.

For **GLOBAL SAFETY SOLUTIONS**

# Purchase Order

Page(s) 1 Of 1

02-04-2021 2:26:18 PM



76098

30.03.21 4:51:32

From Company : **MC Modi Educational Trust**  
5-4-187/3 & 4, IInd Floor, M.G.Road, Secunderabad - 500003  
G S T No. : 36AAATM5488Q2Z0

**Supplier Details**

Global Safety Solutions  
5-5-48, Ranigunj, secunderbad

**GSTIN** 36AAOFG9573A1Z5

9502555088/9581228898

|                   |            |        |
|-------------------|------------|--------|
| <b>Doc No</b>     | 76098      | 162098 |
| <b>Doc Date</b>   | 02-04-2021 |        |
| <b>Quote No</b>   | Nil        |        |
| <b>Quote Date</b> | 02-04-2021 |        |
| <b>SupplyType</b> | Supply     |        |

**Kind Attn : Mr.Qasim Hussain/AQ Shakir**

Purchase Order for the Supply of following Items.

| Item Name                                  | Qty   | Rate  | Dis% | GST   | Amount          |
|--------------------------------------------|-------|-------|------|-------|-----------------|
| 1 4032 - Consumables - Gloves - NA - pairs | 20.00 | 45.00 | 0.00 | 18.00 | 1,062.00        |
| <b>Total Order Value . . .</b>             |       |       |      |       | <b>1,062.00</b> |

Rupees : One Thousand Sixty Two Only.

**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** Manilal Modi Memorial Hospital

Phone. .

**Penalty 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 site use purpose.**Completion Date** Nil**Measurment** Nil**Security** Nil**Remarks**For **MC Modi Educational Trust**

Authorised Signatory

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

Accepted the above Terms And Conditions

For **Global Safety Solutions**

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

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

# Requisition Form

|                                |                                |          |            |
|--------------------------------|--------------------------------|----------|------------|
| Company Name:                  | MCMET                          | Date:    | 01.04.2021 |
| Site & Phase :                 | Manilal Modi Memorial Hospital | Time:    | 03:30PM    |
| Supplier                       |                                | Req. No. | 162098     |
| Material required before date: | 03.04.2021                     | ID No.   | 65128      |

| No | Description                        | Size | Quantity | Units | Inward No | Date |
|----|------------------------------------|------|----------|-------|-----------|------|
| 1  | Cocunut Brooms                     |      | 20       | No's  |           |      |
| 2  | Bombay Brooms (Small) <i>76097</i> |      | 20       | No's  |           |      |
| 3  | Sponges                            |      | 30       | No's  |           |      |
| 4  | Hand Gloves <i>76098</i>           |      | 20       | No's  |           |      |
| 5  |                                    |      |          |       |           |      |
| 6  |                                    |      |          |       |           |      |
| 7  |                                    |      |          |       |           |      |
| 8  |                                    |      |          |       |           |      |
| 9  |                                    |      |          |       |           |      |
| 10 |                                    |      |          |       |           |      |

Remarks: For site use.

|              |             |              |            |
|--------------|-------------|--------------|------------|
| Prepared By  | Pushpalatha | Approved by  | Madhu      |
| Sign. & Date | 01.04.2021  | Sign. & Date | 01.04.2021 |

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