

PURCHASE DIVISION
Advice for approval for credit to supplier

E 3f

Date: 3/5/24		Prepared by: HEMENDRA	
PO/WO no. 76700		PO / WO Date. 24/4/24	
Supplier Name: Pooja Samant		PO/WO amount: 5,6,99/-	
Firm/Company: S.S.L.P.		Project: Shree	
Sl. No.	Bill No.	Bill Date	Bill amount
1	112	29/4/24	5,6,99/-
2			
3			
4			
Amount A – Bills total(Excluding Transport & Hamali Charges):			5,6,99/-
Sl. No.	DC No.	DC. Date	MRN No.
1.	112	29/4/24	91714
2.			
3.			
Amount B –Other Credits : Transportation charges			
Amount C –Other Debits :			
Amount D (D=A+B-C) – Amount to be credited to the supplier:			5,6,99/-
Amount E – PO / WO value:			5,6,99/-
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		3/5/24	
Remarks: Late R2d/-			
Approved by	Purchase Officer	Purchase Manager	Procurement Manager
Sign:			04 MAY 2024
Date			

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/-

(ORIGINAL FOR RECIPIENT)

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

5-4-187/3&4, IInd Floor, M.G Road
Secunderabad
GSTIN/UIN : 36ACQFS2044C1Z7
State Name : Telangana, Code : 36

Self

Cherlapally

INWARD

Inward No:	16291	Dr	30/4/21
MKN No:	9714	Dr	03/5/21
Received By:		Sign:	84

SUMMIT SALES LLP

E. & O.E

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

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

This is a Computer Generated Invoice

for Praful Sanitary

Authorized Signatory

Purchase Order

Pag(s) 1 Of 1

24-04-2021 2:22:25 PM

C



76700

16.04.21 1:14:53

From Company : **Summit Sales LLP**
5-4-187/3&4, II nd floor, MG Road, Secunderabad-500003.
G S T No. : 36ACQFS2044C1Z7

Supplier Details

Praful Sanitary
3-6-138/5, Himayat Nagar, Hyderabad.

Doc No 76700 168618

Doc Date 24-04-2021

Quote No Nil

Quote Date 24-04-2021

SupplyType Supply

GSTIN 36ACWPG864A1ZG 40077300
65526886. 9849624797

Kind Attn : Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 3134 - Chemicals - Tile Grout - 1kg - pkts silk	70.00	34.50	0.00	18.00	2,849.70
2 3134 - Chemicals - Tile Grout - 1kg - pkts white	70.00	34.50	0.00	18.00	2,849.70
Total Order Value . . .					5,699.40

Rupees : Five Thousand Six Hundred Ninty Nine and Paise Fourty Only.

Terms and Conditions :-

Specification / All items shall be of 'Laticrete' brand.

Payment Terms After Delivery & Production of bill

Tax Inclusive of all taxes

Delivery Date Next Day.

Delivery Location Summit Housing LLP
Cherlapally, Behind Kingston PG college, Hyderabad
Phone. 9618244433, Hamendra

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 is for Stock purpose.

Completion Date Nil

Measurment Nil

Security Nil

Remarks

For **Summit Sales LLP**

Authorised Signatory

Name : _____

Accepted the above Terms And Conditions

For **Praful Sanitary**

Date : ____/____/____

Name : _____

Requisition Form

Company Name:		SUMMIT SALES LLP		Date:		20.04.2021	
Site & Phase :		SUMMIT HOUSING LLP		Time:		04:00	
Supplier				Req. No.		168618	
Material required before date:				ID No.		65634	
No	Description	Size	Quantity	Units	Inward No	Date	
1	Measuring Tape 76701	5mts	10	nos			
2	Tile Grout Silk 76700		70	nos			
3	Tile Grout White		70	nos			
4	Tile Adhesive (Roff Brand) 76702	20kgs	20	bags			
5	Hold Fast		100	kg			
6							
7							
8							
9							
10							
11							
Remarks: For Stock Maintenance Purpose							
Prepared By		BHAVANI					
Sign. & Date		20.4.2021		Sign. & Date			

APPROVED BY

22 APR 2021

SOHAM MODI
MANAGING DIRECTOR

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