

PURCHASE DIVISION
Advice for approval for credit to supplier

Date: 30/5/21		Prepared by: Babhakar	
PO/WO no. 76920		PO / WO Date. 3/5/21	
Supplier Name: Peon work & Security		PO/WO amount: 27,494.00	
Firm/Company: GVRC		Project: Imphols	
Sl. No.	Bill No.	Bill Date	Bill amount
1	171	8/5/21	27,494.00
2			
3			
4			
Amount A - Bills total(Excluding Transport & Hamali Charges):			27,494.00
Sl. No.	DC No	DC. Date	MRN No.
1.	1		91947
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:			27,494.00
Amount E - PO / WO value:			27,494.00
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		1/6/21	
Remarks:			
Approved by	Purchase Officer	Purchase Manager	Procurement Manager
Sign:			
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/-

ICON WATER SOLUTIONS

Plot No:- 11, Sri Ram Nagar Colony, CHINTAL HYDERABAD,

email: iconwatersolutions@gmail.com

, Mobile: +91 9949989287

GSTIN: 36AGCPV1268R1ZM

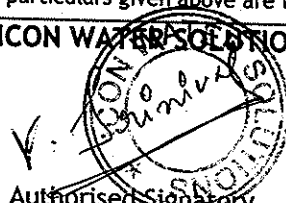
DC & INVOICE

Reverse Charge :		Transportation Mode :	Local	
Invoice No. :	171	P.O Number	76920	163469
Invoice Date :	08-05-2021	Date of Supply	08-05-2021	
State	Telangana	Place of Supply	Thurakapally	

Details of Receiver Billed to:				Details of Consignee Shipped to:			
Name:	G V Reserch Centers Pvt Ltd			Name:	G V Reserch Centers Pvt Ltd		
Address:	5-4-187/3&4, 2nd Floor, Sohan Mansion, M.G.Road, Secundrabad			Address:	5-4-187/3&4, 2nd Floor, Sohan Mansion, M.G.Road, Secundrabad		
GSTIN:	36AAHCG4562D1ZP			GSTIN:	36AAHCG4562D1ZP		
State :	telangana			State :	Telangana		

Sr. No.	Name of Product / Service	HSN	UOM	Qty	Rate	Amount	Taxable Value
1	Dozing Chemical	8421		10	250.00	2,500	2,500.00
2	4" MEMBRANE	8421		2	10,400	20,800	20,800.00
Total :							23,300

Total Invoice Amount in Words:		Total Amount Before Tax	23,300
Twenty Seven thousand Four Hundred And Ninty Four		Add : CGST @ 9%	2,097
		Add : SGST @ 9%	2,097
: Bank Details :		Add : IGST %	
Bank Name:		Tax Amount : GST	4,194
Bank A/c No.: 111505000555		Total Amount After Tax	27,494
Bank Branch IFSC: icic0001115		GST Payable on RCM:	NA

: Terms and Conditions : Goods once sold not return back or exchange	Certified that the particulars given above are true and correct.	
	For ICON WATER SOLUTIONS  Authorised Signatory	

[E&OE]

INWARD	
Inward No: 3003	Dt: 9/5/21
MRN No: 91942	Dt: 10/5/21
Received By:	Sign: 
G.V. RESEARCH CENTERS PVT. LTD.	



Purchase Order

Page(s) 1 Of 1

05-05-2021 10:32:36 AM

Or



76920

06 05.21 4:35:37

From Company : **G V Reserch Centers Pvt Ltd**
5-4-187/38&4, II nd Floor, Soham Mansion, MG Road, Secunderabad-500005
G S T No. : 36AAHCG4562D1ZP

Supplier Details

Icon Water Solutions
C/O 49-253/1, IDA, Padma Nagar, Phasse 1, Chintal, Hyderabad - 55.

8497927928-Sreenu(M.P.)
9949989287/9052394142

Doc No	76920	163469
Doc Date	05-05-2021	
Quote No	NIL	
Quote Date	05-05-2021	
SupplyType	Supply	

Kind Attn : Mr.V.Srinivas

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST%	Amount
1 5038 - Equipment - machinery - R.O. Plant - other - nos 4"-Membranes	2.00	10,400.00	0.00	18.00	24,544.00
2 3126 - Chemicals - R2 Chemical - NA - ltrs RO Dosing Chemical	10.00	250.00	0.00	18.00	2,950.00
Total Order Value . . .					27,494.00

Rupees : Twenty Seven Thousand Four Hundred Ninty Four Only.

Terms and Conditions :-

Specification / Brand	All items shall be of PENTAIR brand/company
Payment Terms	50%Advance Balance after delivery
Tax	All taxes included in above price.
Delivery Date	Next Day.
Delivery Location	Innopolis Sy no-542, Genome Valley, Thurkapally, Hyderabad, Telangana Phone. 9502211011
Penalty For Delay	Nil
Transportation Cost	Included in the above price.
Warranty	1 year from dt. of commissioning.
Advance Paid	NIL
Other Terms	We reserve the right to reject items not conforming to quality and specifications. Above order for RO Plant purpose.
Completion Date	NIL
Measurment	Nil
Security	Nil
Remarks	Delivery at GVRC-Turkapally Contact Person Mr Vijay Raj-9849497484.

For **G V Reserch Centers Pvt Ltd**

Authorised Signatory

Accepted the above Terms And Conditions

For **Icon Water Solutions**

Name : _____

Name : _____

Date : __/__/__

Requisition Form

Company Name:		GVRC		Date:		29.04.2021	
Site & Phase :		INNOPOLIS		Time:		13:00	
Supplier				Req. No.		163469	
Material required before date:			Urgent		ID No.		65801

No	Description	Size	Quantity	Units	Inward No	Date
1	4" Membranes		02	No's	10, A60 + 18	
2	RO dozing chemical		10	Litres	250, 1tr + 18	
3						
4						
5						
6						
7						
8						
9						
10						

For MDs APPROVAL

☐ High Value/quantity beyond limits.

☐ EO/Req. processed-post approval.

☒ Approval for technical details/clarification.

☐ Replenishing SSSLP stock

☐ Other

Remarks: For RO plant purpose.

Prepared By	Mallikarjun.B	Approved by	G. Jay Raj
Sign. & Date	29.04.2021	Sign. & Date	29.04.2021

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

APPROVED BY

29.04.2021

PROJECT MANAGER

Requisition Form

Company Name:				Date:			
Site & Phase :				Time:			
Supplier				Req. No.			
Material required before date:					ID No.		

No	Description	Size	Quantity	Units	Inward No	Date
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Remarks:

Prepared By		Approved by	
Sign. & Date		Sign. & Date	

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