PURCHASE DIVISION
Advice for approval for credit to supplier

Date:	1/6/21	Prepared by:	Prabhakar
PO/WO no.	76870	PO / WO Date.	3/5/21
Supplier Name	Prafful Sanitary	PO/WO amount	4376.50
Firm/Company	GVORC	Project	Annapolis
Sl. No.	Bill No.	Bill Date	Bill amount
1	130	3/5/21	4377.00
2			
3			
4			
Amount A – Bills total(Excluding Transport & Hamali Charges):			4377.00

Sl. No.	DC .No	DC. Date	MRN No.	DC matches MRN
1.			91881	☑ 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:				4377.00
Amount E – PO / WO value:				4376.50
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	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:		[signature]					
Date		8/5					

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/ 130**	Dated **5-May-2021**
	Delivery Note **Invoice**	
	Supplier's Ref.	Other Reference(s) **Credit**
Buyer **GV Research Center Pvt Ltd** 5-4-187/3&4, IInd Floor Soham Mansion, M G Road Secunderabad GSTIN/UIN : 36AAHCG4562D1ZP State Name : Telangana, Code : 36	Buyer's Order No. **76870**	Dated **3-May-2021**
	Despatch Document No. **Invoice**	Delivery Note Date **5-May-2021**
	Despatched through **Self**	Destination **Thurkapally**

Sl No.	Description of Goods and Services	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	**50mm Brass Ball Valve**	8481	18 %	**2 No:**	2,853.00	No:	35 %	**3,708.90**
	Output CGST							**333.80**
	Output SGST							**333.80**
	ROUNDING OFF							**0.50**
	Total			**2 No:**				**₹ 4,377.00**

Amount Chargeable (in words) *E. & O.E*

Indian Rupees Four Thousand Three Hundred Seventy Seven Only

HSN/SAC	Taxable Value	Central Tax		State Tax		Total
		Rate	Amount	Rate	Amount	Tax Amount
8481	3,708.90	9%	333.80	9%	333.80	667.60
99		9%		9%		
99		14%		14%		
Total	**3,708.90**		**333.80**		**333.80**	**667.60**

Tax Amount (in words) : **Indian Rupees Six Hundred Sixty Seven and Sixty paise Only**

PRAFUL SANITARY HIMAYATNAGAR HYD-29.

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

MODI PROPERTIES PVT. LTD. SEC'BAD
INWARD
No. 80320
Date 19/5
Sign.

INWARD
Inward No. 2987 Dt. 6/5/21
MRN No. 91831 Dt. 7/5/21
Received By: Sign:
G V. RESEARCH CENTERS PVT. LTD.

Purchase Order

76870
06.05.21 4:35:37

From Company : **G V Reserch Centers Pvt Ltd**
5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Secunderabad-500003
G S T No. : 36AAHCG4562D1ZP

Supplier Details			
Praful Sanitary 3-6-138/5, Himayat Nagar, Hyderabad. **GSTIN** 36ACWPG864A1ZG 40077300 65526886. 9849624797	**Doc No**	76870	163470
	Doc Date	03-05-2021	
	Quote No	Nil	
	Quote Date	03-05-2021	
	SupplyType	Supply	

Kind Attn : Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

	Item Name	Qty	Rate	Dis%	GST	Amount
1	10150 - Plumbing - GI - Ball Valve - 2 In - nos	2.00	2,853.00	35.00	18.00	4,376.50
				Total Order Value . . .		**4,376.50**

Rupees : Four Thousand Three Hundred Seventy Six and Paise Fifty Only.

Terms and Conditions :-

Specification /	All items shall be of Zoloto brand
Payment Terms	After Delivery & Production of bill
Tax	Inclusive of all taxes
Delivery Date	Next Day.
Delivery Location	Innopolis Sy no-542, Genome Valley, Thurkapally, Hyderabad, Telangana Phone. 9502211011
Penality 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 dewatering pump purpose.
Completion Date	Nil
Measurment	Nil
Security	Nil
Remarks	

For *G V Reserch Centers Pvt Ltd*

Authorised Signatory

Name : ____________

Accepted the above Terms And Conditions

For *Praful Sanitary*

Name : ____________

Date : __/__/____

Requisition Form

Company Name	GVRC	Date:	30.04.2021
Site & Phase	INNOPOLIS	Time:	13:00
Supplier		Req. No.	163470
Material required before date: Urgent		ID No.	65842

No	Description	Size	Quantity	Units	Inward No	Date
1	**GI Ball valve** 76870	2" dia	02	No's		
2						
3						
4						
5						
6						
7						
8						
9						
10						

Remarks: For Dewateing pumps purpose.

Prepared By	Mallikarjun.B	Approved by	G.Vijay Raj
Sign.& Date	30.04.2021	Sign. & Date	30.04.2021

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

APPROVED 03 MAY 2021 P. PRABHAKAR Sr. MANAGER PURCHASE

APPROVED BY 30 APR 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.