PURCHASE DIVISION

Advice for approval for credit to supplier

Date:		3/6/71		•	Prepared	by:			relea	
PO/WO no.		मेरे प्र स्ट्रिक	P		PO / WO Date.			-0.304		
Supplier Na	me	A		4	PO/WO	amount		R. 756	01	
Firm/Comp	any	Modi H	Sacitary Pur	M	Project			500 · 101	26	
Sl. No.		Bill No.	<del>y y</del>	<del>* 1)</del>	Bill Date	· · · · · · · · · · · · · · · · · · ·	***	Bill amount	<u></u>	
1	-	186	~		291	バコ	——	R. ATh	a1 =	
2	**		- v		- 1			10(1)20	1	
3			****							
4			<del>-</del>	<del></del>				, , , , , , , , , , , , , , , , , , , ,		
Amount A	– Bills 1	total(Excluding	Transport & Han	nali Chara	ges):			0. 27	016	
Sl. No. DC .No DC. Date					MRN	No.	P. FISO   TDC matches MRN			
1.						10	~ 71001	□ Yes □ No		
2.						1	734	□ Yes □ No		
3.					<del></del>		<del></del>	□ Yes □ No		
Amount B	-Other	Credits : Trans	portation charges			<u> </u>				
Amount C	-Other	Debits :		<u></u>	<del></del>					
Amount D	(D=A+	B-C) – Amoun	t to be credited to	the suppl	іег:			Rx 7560	11	
Amount E	- PO / '	WO value:							al r	
Amount F	- Diffe	rence (A - E):	GST-18%				7-7-	R. 7,56	al ,	
Quantity re	eceived	as per PO /WO		er Yes c	Excess re	eceived	□ Short receive	d □ Other (explain	ned below)	
Is differen	ce betw	een PO / Bill ac	cceptable?		No (expl					
Excess / sh	ort mat	erial received	<del></del>	БАррг	oved – wit	hin acc	eptable limits	No (explained be	low)	
Close PO	W?O		100-31	-e Yes	No – wa	t for ba	lance material of	No (explained b	elow)	
Advance p	aid / PI	C given (dedu	ct when paying)	□ Yes -	- Rs <u>.</u>	<u>/-</u> □ No				
Payment -	due da	te	<del></del>	Alb	N			···		
Remarks:	<u> </u>	**************************************		1, / (-)				*****		
	+				1					
Approv	ed	Purchase		rocutem		M D	Accounts -		Accounts	
-by		Officer		Manage	14.		receiver of bill		Manager	
Sign:	-	to the	<u> </u>							
Date		- DUN				To de la constante de la const				

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/-

**Praful Sanitary** Invoice No. Dated 3-6-429/6,SRI SAI TOWER, St.No.4 HIMAYAT NAGAR PS/21-22/ 186 27-May-2021 **Delivery Note HYDERABAD** GSTIN/UIN: 36ACWPG4864A1ZG Invoice State Name: Telangana, Code: 36 Supplier's Ref. Other Reference(s) E-Mail : prafulsanitary@gmail.com Credit Buver Buyer's Order No. Dated **Modi Housing Private Limited** 77250 25-May-2021 Delivery Note Date 5-4-187/3&4, IInd Floor, M.G. Road Despatch Document No. Secunderabad Invoice 27-May-2021 GSTIN/UIN 36AADCM5906D1ZP Despatched through Destination State Name : Telangana, Code: 36 Self Cherlapally SI Description of HSN/SAC GST Quantity Rate per Disc. % Amount No. Goods and Services Rate 32mm Non Return Valve 8481 18 % 2.467.00 No: 35 % 4 No: 6,414.20 **Output CGST** 577.28 Output SGST 577.28 **ROUNDING OFF** 0.24 INWARD WITH TIME inward No 7 P. MRN No: 9224 Sign Received By VILL SILVER OAK Total 4 No: ₹ 7,569.00 Amount Chargeable (in words) E. & O.E Indian Rupees Seven Thousand Five Hundred Sixty Nine Only HSN/SAC Taxable Central Tax State Tax Total Value Rate Amount 577.28 Rate Amount Tax Amount 8481 6,414.20 9% 9% 577.28 1,154.56 99 9% 9% 99 14% 14% Total 6,414.20 577.28 577.28 1,154.56 Tax Amount (in words): Indian Rupees One Thousand One Hundred Fifty Four and Fifty Six paise Only Company's PAN : ACWPG4864A

described and that all particulars are true and correct.

SUBJECT TO HYDERABAD JURISDICTION

Declaration

We declare that this invoice shows the actual price of the goods

This is a Computer Generated Invoice



for Praful Sanitary

Authorised Signatory

## **Purchase Order**

Page(s) 1 Of 1

31-05-2021 12:10:47 PM

Orig

77250

06 05.21 4.35.39

From Company: Modi Housing Pvt.Ltd

5-4-187/3 & 4, IInd Floor, M.G.Road, Secunderabad - 500003

G S T No.: 36AADCM5906D1ZP

Supplier Details					
Praful Sanitary		Doc No	77250 18500 25-05-2021		
3-6-138/5, Himayat Nagar, Hyd	erabad.	Doc Date			
		Quote No	Nil		
GSTIN 36ACWPG864A1ZG	40077300	<b>Quote Date</b>	25-05-2021 Supply		
65526886.	9849624797	SupplyType			

## Kind Attn: Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 10145 - Plumbing - GI - N R V - 1 1/4 In - nos	4.00	2,467.00	35.00	18.00	7,568.76
Rupees: Seven Thousand Five Hundred Sixty Eight and Pais			rder Valu	e	7,568.76

## Terms and Conditions :-

Specification /

As per details given in the quotation.

**Payment Terms** 

Within 30 days of delivery.

Tax

All taxes included in above price.

**Delivery Date** 

Within 3 days

**Delivery Location** 

Silver Oak Villas Part III

Sy .No.11,12,14,15,16,17,18, 294

Phone. 0

Penality For Delay Nil

Transportation

Included by us !

Warranty

7 years warranty

Advance Paid

Nil

Other Terms

We reserve the right to reject items not conforming to quality and specifications. Above order for boewell line purpose

Completion Date
Measurment

Nii Nii

Security

Nil

Remarks

For	Modi Housing P	vt.Ltd		
Auth	orised Signatory	1		
		¼~1.		
Nar	me :	100	06	202
		ï		-

Accepted the above Terms And Conditions
For *Praful Sanitary* 

ne :	Date: / /

Requisition Form Date:

21-05-2021

MHPL-SOV-III

Company Name:

			1	•			21-0	5-2021		
Site & Phase:	Silver Oak	Silver Oak Villas-III		Time:			12:00			
Supplier				Req. No.			185005			
Material required before	date:	Urgent		ID No.						
No	Description		Size	;	Quantity	Units		Inward No	Date	
1 Brass Non return	valve		1 1/4		4	Nos				
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10 Romanica Fam MUDY GO	XX YX 1									
Remarks: For MHPL SO				<del>,</del>						
Prepared By	P.Aishwa	<u> </u>		Approved by						
Sign.& Date	23-04-202			Sign. & Date						
Note: On receipt of mate	rial at site write inv	vard number	and date in	ı last 2 c	columns.					
Company Name:	MHPL-S	OV-III		Date:			T			
Site & Phase :	Silver Oa	k Villas-III	<del></del>	Time:				12.00		
Supplier			· · · · · · · · · · · · · · · · · · ·	Req. No.				<del></del>		
Material required before	date:			ID No.						
No	Description	Description			Size Quantity Units			Inward No	Date	
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					Quantity	Units	_	Inward No		
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					Quantity	Units				
Remarks: For MHPL SC	DV-III site purpose				Quantity	Units				
Remarks: For MHPL SO	OV-III site purpose	. <u> </u>			oved by	Units				