PURCHASE DIVISION Advice for approval for credit to supplier

V	1	

Date:		0	21011		Prepare	d by:			·	
PO/WO no	PO/WO no. 1-1616			PO / WO Date.			G-Venkateph			
Supplier N	Vame		819		}			29/4/21		
Firm/Com		praj	u Seaw	ary	<u> </u>	amount		625	53	
Sl. No.		Bill No.	Givi Be	talle	Project		<u>-</u>	NE		
1		DIII NO.	U		Bill Dat	e		Bill amount		
		05	21-22/14	2	0	7/20	121	190		
2			7-7			<u> 1103</u>	(2)	625	3/-	
3								 		
4					<u> </u>	 .		<u> </u>		
Amount A	– Bills t	otal(Exclud	ng Transport & H	Iamali Charg	ses).					
Sl. No.	DC .No		DC. D			3.400.77		625%	5	
1.						MRN		DC matches M	IRN	
2.	<u> </u>					92	419	Yes O No		
3,		-						□ Yes □ No		
pr.	Other C	Prodice To						□ Yes □ No		
Amount C			nsportation charg	es 		 -		<u></u>		
Life is				_			-			
			ant to be credited	to the suppli	er:			1250	1	
Amount E								0233	/	
			: GST-18%		*			6053	/	
Quantity re	eceived a	s per PO/W	Ö	U Yes □	Excess re	ceived 🗆	Short received	□ Other (expla	inod hala	
Is difference	ce betwee	n PO / Bill	acceptable?	☐ Yes □	No (expla	ined bel	ow)			
Excess / sh	ort mater	ial received						No (explained be		
Close PO /	W?O			Yes n	No - wait	for bala	noo motorial	No (explained by	alow)	
Advance pa	aid / PDC	given (ded	uct when paying)	□ Yes -]		- □ No	ice material d	No (explained b	elow)	
Payment -			1 - 3	2 103	1			·		
Remarks				114,	16/2%	1				
	·									
Approve	d D	urchase	- n							
by	100	Officer	Purchase Manager	Procuremen Manager	t N	1 D	Accounts - receiver of	Accountant	Accounts	
Sign:	-+10	vel lad	O M				bill bill		Manager	
Date		79 Obl	2/0/2/							
Votes: I. In	-1	1	18/1							

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

7°15 (ORIGINAL FOR RECIPIENT)

Authorised Signatory

d	We declare that this invoice shows the actual price of the goods lescribed and that all particulars are true and correct.								Authonsed Signatory
D	eclaration							1/2	for Praful Sanitary
C	Company's PAN : ACWPG4864A	Į				. '		* PRA	AYATNAGAR X
									SAN
Ta	ax Amount (in words): Indian Rupees Nine Hundred Fifty Three				paise C			4/6	353.8 <u>6</u>
99		Total	5,2	99.20	14%	476.93	14%	476	3.93 953.8 6
99	917 9			99.20	9% 9%	476.93	9% 9%	Amou 476	101 Tax Amount 101 S.93 953.86
	HSN/SAC			able lue	Centra			ate Tax	Total
	ndian Rupees Six Thousand Two Hundred Fifty Three On	ıly							E. & O.E
Ar	Total mount Chargeable (in words)				ļ				₹ 6,253.00
L									
								-	
	Nilgiri Estates	3	į		18	0.8.0			
	1 this control					ع طالك			
	regived By: Sigh.				Nec.	80947			
	RN No: QQUI 9 Dt. 94 101				18/1N	MAKE JE]	
	Graward No: Do 15 Ding 6-3				100	RTEST			
	INWARD								······································
					i.				
	ROUNDING OFF								(-)0.06
	Output SGST Less: ROUNDING OFF								476.93 476.93
	Output CGST								5,299.20
-4 ,	ZUMM CF EIDOW	3917		18 %	12 No	72.0	0 No:	20 %	691.20
3 4	25mm CF Elbow 20mm CF Elbow	3917		18 %	60 Mtr 12 No	I	0 Mtrs 0 No:		2,064.00 912.00
1	20mm Hdpe Pipe PN 16 25mm Hdpe Pipe PN 12.5	3917 3917		18 % 18 %	60 Mtr		O Mtrs		1,632.00
No.	Goods and Services	HSN/	SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
SI									
				Self	 ,		Rai	mpally	
	ate Name : Telangana, Code : 36			Desp	atched th	rough	Des	tination	
Se	ecunderabad STIN/UIN : 36AAHFN0766F1ZA			Invo		ument No.	Deli	very No	te Date
	lgiri Estates 4-187/3&4, lind Floor, M.G. Road			7681	9		29-	Apr-20:	21
E-l	Mail : prafulsanitary@gmail.com iyer			Buve	r's Order	No	Cre		
Sta	STIN/ÚIN: 36ACWPG4864A1ZG ate Name«: Telangana, Code : 36			Supp	i ce lier's Ref	 ,	Oth	er Refer	ence(s)
HY	No.4 HIMAYAT NAGAR			Delive	ery Note		1 -	.uy-202	-
3-6	6-429/6,SRI SAI TOWER				ce No. 1 1-22/ 14	2	Date	ed lay-202	,
Dr	aful Sanitary			Timeraia	- NI-	-1710		37 <u>80</u>	<u>(</u>

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice

29-04-2021 3:21:58 PM

06.05.21 4:35:36

From Company: **Nilgiri Estates**

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

G S T No.: 36AAHFN0766F1ZA

Supplier Details				
Praful Sanitary		Doc No	76819	1
3-6-138/5, Himayat Nagar, Hyd		76819	175267	
	Doc Date	29-04-2021		
GSTIN 36ACWPG864A1ZG 65526886.		Quote No Nil		······································
	40077300	Quote Date		
	9849624797	SupplyType		

Kind Attn: Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 7097 - Plumbing - HDPE - Pipe - other - mtrs 1/2"	60.00	34.00	20.00	18.00	1,925.76
2 7097 - Plumbing - HDPE - Pipe - other - mtrs 3/4"	60.00	43.00	20.00	18.00	2,435.52
3 7333 - Plumbing - HDPE - HDPE-bend - other - nos 3/4"	12.00	95.00	20.00	18.00	1,076.16
4 7333 - Plumbing - HDPE - HDPE-bend - other - nos 1/2"	12.00	72.00	20.00	18.00	815.62
upees: Six Thousand Two Hundred Fifty Three and Paise Si		Total O	der Value	е	6,253.06

Terms and Conditions :-

Specification /

As per details given in the quotation.

Payment Terms

After Delivery & Production of bill

Tax

GST included in above price.

Delivery Date

Next Day.

Delivery Location

Nilgiri Estate

Sy.No.143/133/134/135/136, Rampally Village.

Phone. 9030931172

Penality For Delay

Transportation

Transport cost shall be borne by us.

Warranty

Nii

Advance Paid

Nil

Other Terms

We reserve the right items not confirming to qlty & specs. Breakage in your account. Above order for V.no.150,151

purpose.

Completion Date

Nil Nil

Measurment Security

Nil

Remarks

For Nilgiri Estates

Accepted the above Terms And Conditions

Authorised Signatory

For Praful Sanitary

Date : __/__/___

Requisition Form Date: 24-04-2021 **NILGIRI ESTATES** Company Name: NILGIRI ESTATE Time: 14:43 Site & Phase: 175267 Req. No. Supplier ID No. Material required before date: 65665 Inward No Date Description Quantity Units Size HDPE Pipe 3/4" 60 Mtr Mtr **HDPE Pipe** 1/2" 60 2 HDPE Bend 3/4" 12 No's 9 3 HDPE Bend 1/2" 4 12 No's 72 5 6 7 8 9 Certified by: 10 Remarks: - For mortagage villa 150 and 151 Prepared By Akhil Approved by 24-04-2021 Nilgiri Estates Sign. & Date Sign.& Date Note: On receipt of material at site write inward number and date in last 2 columns.

Comp	oany Name:		Date:			· .			
Site &	Phase:			Time:					
Suppl	ier			Req. No.					
Mater	ial required before date:	Urgent		ID No.					
No	Descr	iption	Siz	ze (Quantity	Units	Inward No	Date	
1									
2									
3									
4									
Remarl	ks:								
Prepare	d By			Approved	by				
Sign.&	Date			Sign. & Da	ite				

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