PURCHASE DIVISION

Advice for approval for credit to supplier

Date:	09/06/21	Prepared by:	G. Venkatesh
PO/WO no.	76820	PO / WO Date.	29/4/21
Supplier Name	Arafat Sanitary	PO/WO amount	5469/-
Firm/Company	N.E	Project	NE
Sl. No.	Bill No.	Bill Date	Bill amount
1	141	07/05/21	5469/-
2			
3			
4			
Amount A – Bills total(Excluding Transport & Hamali Charges):			5469

Sl. No.	DC .No	DC. Date	MRN No.	DC matches MRN
1.			92420	☑ 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:	5469/-
Amount E – PO / WO value:	5469/-
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	14/8/21
Remarks:	

Approved by	Purchase Officer	Purchase Manager	Procurement Manager	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:	[signature]	[signature]					
Date	09/6	9/6					

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

Buyer
Nilgiri Estates
5-4-187/3&4, IInd Floor, M.G. Road
Secunderabad
GSTIN/UIN : 36AAHFN0766F1ZA
State Name : Telangana, Code : 36

Invoice No. **PS/21-22/ 141**	Dated **7-May-2021**
Delivery Note **Invoice**	
Supplier's Ref.	Other Reference(s) **Credit**
Buyer's Order No. **76820**	Dated **29-Apr-2021**
Despatch Document No. **Invoice**	Delivery Note Date **7-May-2021**
Despatched through **Self**	Destination **Rampally**

Sl No.	Description of Goods and Services	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	**Dual Flush Fitting Set**	3922	18 %	**2 No:**	1,800.00	No:	35 %	**2,340.00**
2	**Wall Mixer Bend**	8481	18 %	**1 No:**	360.00	No:	20 %	**288.00**
3	**Health Faucet Pvc Tube**	3922	18 %	**4 No:**	800.00	No:	37.28 %	**2,007.04**
								4,635.04
	Output CGST							**417.15**
	Output SGST							**417.15**
	Less : ***ROUNDING OFF***							**(-)0.34**
	Total			**7 No:**				**₹ 5,469.00**

PROPERTIES INWARD 80948 11/6

INWARD
Inward No: 2616 Dt: 03-6-21
MRN No: 9242 Dt: 2/6/21
Received By: Ashish Sign:
Nilgiri Estates

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

Indian Rupees Five Thousand Four Hundred Sixty Nine Only

HSN/SAC	Taxable Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount	Total Tax Amount
3922	4,347.04	9%	391.23	9%	391.23	782.46
8481	288.00	9%	25.92	9%	25.92	51.84
99		9%		9%		
99		14%		14%		
Total	**4,635.04**		**417.15**		**417.15**	**834.30**

Tax Amount (in words) : **Indian Rupees Eight Hundred Thirty Four and Thirty paise Only**

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.

PRAFUL SANITARY HIMAYATNAGAR HYD
for Praful Sanitary
Authorised Signatory

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice

Purchase Order

 29-04-2021 3:21:58 PM

76820
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 3-6-138/5, Himayat Nagar, Hyderabad. **GSTIN** 36ACWPG864A1ZG 40077300 65526886. 9849624797	**Doc No**	76820	175268
	Doc Date	29-04-2021	
	Quote No	Nil	
	Quote Date	29-04-2021	
	SupplyType	Supply	

Kind Attn : Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

	Item Name	Qty	Rate	Dis%	GST	Amount
1	7299 - Plumbing - sanitary - Fittings - NA - nos *Etios fittings*	2.00	1,800.00	35.00	18.00	2,761.20
2	7052 - Plumbing - GI - Bend - other - nos *wall mixer bend*	1.00	360.00	20.00	18.00	339.84
3	7302 - Plumbing - sanitary - Health Faucet - NA - nos	4.00	800.00	37.28	18.00	2,368.31
					Total Order Value . . .	**5,469.35**

Rupees : Five Thousand Four Hundred Sixty Nine and Paise Thirty Five Only.

Terms and Conditions :-

Specification /	As per details given in the quotation.
Payment Terms	After Delivery & Production of bill
Tax	Inclusive of all taxes
Delivery Date	Next Day.
Delivery Location	Nilgiri Estate Sy.No.143/133/134/135/136, Rampally Village. Phone. 9030931172
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 V.no.135 and 136 purpose
Completion Date	Nil
Measurment	Nil
Security	Nil
Remarks	

For ***Nilgiri Estates***
Authorised Signatory

Name : ____________

Name : ____________

Accepted the above Terms And Conditions
For ***Praful Sanitary***

Date : __/__/____

1195

Requisition Form

Company Name:	NILGIRI ESTATES	Date:	24-04-2021
Site & Phase :	NILGIRI ESTATE	Time:	14:43
Supplier		Req. No.	175268
Material required before date:		ID No.	65666

No	Description	Size	Quantity	Units	Inward No	Date
1	Flash tank inlet fitting	STD	02	SET		
2	Wall Mixer bend	STD	01	No	1800	35 18
3	Health Faucet 76820	STD	04	No's	360 20	V,
4						
5						
6						
7						
8						
9						
10						

Remarks: - For villa no 135 and 136 purpose

Prepared By	Akhil	Approved by	
Sign.& Date	24-04-2021	Sign. & Date	

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

Certified by:
Project Manager
Nilgiri Estates

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

No	Description	Size	Quantity	Units	Inward No	Date
1						
2						
3						
4						

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.