## **PURCHASE DIVISION** Advice for approval for credit to supplier

. /
$\checkmark$

Date:	17-06-3	21		Prepared	by:		M.ANIL	
PO/WO no.	77448			PO/WC	Date.		DE OC	7,
Supplier Nar		Southash ton			PO/WO amount		2,520/-	
Firm/Compa	ny	1 (5-4)	-1000111	Project	<del></del>			
SI. No.	Bill No.	<del></del>		Bill Date	;		Bill amount	
1	014			A 1-4				
2	017			<b>₽</b> +-	-06-2		2,730	1-
3								
4				<u> </u>				
Amount A	Pills total/Evaluding Total	0 77	1: 0:					
	Bills total(Excluding Trans			es):	,		2,730	
	DC .No	DC. Date			MRN N	lo.	DC matches M	RN
1.					927	27	□ Yes □ No	
2.							□ Yes □ No	
3.	(	1					□ Yes □ No	
Amount B -	Other Credits: Transportation	on charges	<del>**</del>	<del></del>	L			
Amount C -	Other Debits:		<del></del>	·	·, · · , <sub>-</sub>	~,		
Amount D (	D=A+B-C) – Amount to be	credited to	the suppli	er:				7
Amount E –	PO / WO value:		<del></del>	<del></del>			2,7301	
Amount F -	Difference (A - E): GST-18	3%		·			2,520/	<u>-</u>
Quantity rec	eived as per PO /WO		a Yes n	Excess re	ceived a	Short received	<u>= - 210</u> □ Other (explain	/
Is difference	between PO / Bill acceptab	le?		No (expla			Other (explain	ied below)
	rt material received					•	NT ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Close PO / V							No (explained be	1
	d / PDC given (deduct when	) norring)				ice material $\square$	No (explained be	elow)
Payment - d		i paying)		Rs				
Remarks:	ue date		21	-6-2	2-1			
Remarks:			$\Delta$	١	_			
					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
Approved by	Purchase Purch Officer Mana	ase AF	rocuseline Manager	EDT	I D	Accounts – receiver of	Accountant	Accounts Manager
Sign:		1 1	7 JUN 2	02		bill		
Date	12/6/21 12/8	Alivi DANAG	IISH PA ER PROCI	JREMENT				

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/-

### TAX-INVOICE

# SANTHOSH TARPAULIN

# 2-9-39/7/3, Forzenguda, Suryanagar, Old Alwal, Medchal, Malkajgiri District – 500 010. Telangana State

Acc.No.919020039284737 IFSC CODE :UTIB0001378

To MODI Educational trust 5-4-183/3&4 IInd floor MG ROAD SECUNDERABAD 500003

GSTIN No. 36AAATM5488Q2Z0

Invoice No: **014** 

Cell: 9642662732

Invoice Date: 07/06/2021 P.O.No.77448/162123 P.O.Date: 05.06.2021

GSTIN:36ATWPA1307P1ZC

Bank Account: AXIS BANK

Email id: santhoshtarp@gmail.com

S1.		Code		<u> </u>	Amount
No.	Descriptions	SAC HSN	Qty	Rate	Rs. Ps.
1	AGRO SHEDNET	6005	150		
<i>i</i>	SIZE 3mtr X 50mtr		Q MTR	@ 16	@ 2400.00
	TRANSPOTESHAN				@ 200.00
es Senti				A TOTAL TOTA	
	·	-			
Rupe	es in word TWO THOUSAND		Total ::	2600.00	
HUNDERD THERTY ONLY			CGST (	@ 2.5% ::	65.00
			SGST (	@ 2.5% ::	65.00
	. •		IGS	ST 18% ::	
			Tot	al GST ::	-
<u> </u>			Gran	d Total ::	2,730.00
Keceiv	er Signature & Seal		For S	ANTHOSE	I TARPAULIN

INWARD

Inward No: 1029 Dt: 74 6 24

MRN No: 2727 Dt: 44 6 24

Received By: Sign: MC MODI EDUCATIONAL TRUST



### TAX-INVOICE

# SANTHOSH TARPAULIN

# 2-9-39/7/3, Forzenguda, Suryanagar, Old Alwal, Medchal, Malkajgiri District – 500 010. Telangana State GSTIN:36ATWPA1307P1ZC

Email id: santhoshtarp@gmail.com

Authorized Signatory

Cell: 9642662732

Bank Account: AXIS BANK Acc.No.919020039284737 IFSC CODE: UTIB0001378

To MODI Educational trust 5-4-183/3&4 IInd floor MG ROAD SECUNDERABAD 500003

**GSTIN No. 36AAATM548802Z0** 

Invoice No: 014

Invoice Date: 07/06/2021 P.O.No.77448/162123

P.O.Date: 05.06.2021

S1. No.	Descriptions	Code SAC HSN	Qty	Rate	Amount Rs. Ps.	
1	AGRO SHEDNET	6005	150 Q MTR			
	SIZE 3mtr X 50mtr		QMIK	@ 16	@ 2400.00	
	TRANSPOTESHAN				@ 200.00	
:						
	•					
Rupe	es in word TWO THOUSANI	SEVEN		Total ::	2600.00	
HUNDERD THERTY ONLY			CGST @ 2.5% ::		65.00	
			SGST (	@ 2.5% ::	65.00	
	·		IGS	ST 18% ::		
			Tot	tal GST ::	-	
			Gran	d Total ::	2,730.00	
Kecei	ver Signature & Seal		For S	SANTHOSH	TARPAULIN	

INWARD

Inward No: Dt:

MRN No: Dt:

Received By: Sign:

MC MODI EDUCATIONAL TRUST

Page(s) 1 Of 1

10-06-2021 2:03:35 PM



06 05.21 4:35:40

From Company: MC Modi Educational Trust

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

G S T No.: 36AAATM5488Q2Z0

Supplier Details			
Santosh Tarpaulin	Doc No	77448	162123
2-9-39/7/3, Forzenguda, Suryanagar, Old Alwal, Medical Malkagiri Dist -500010	Doc Date	05-06-2021	
-500010	Quote No	Nil	
GSTIN 36ATWPA1307P1ZC	Quote Date	05-06-20	21
9642662732	SupplyType	Supply	

#### Kind Attn: Santosh Kumar

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 6003 - Miscellaneous - Agroshade net - other - sq. mtrs 3mtr x 50 mtr	150.00	16.00	0.00	5.00	2,520.00
		Total O	rder Valu	e	2,520.00

#### Terms and Conditions :-

Specification /

Item shall be of 'SunPack" brand, 1st qlty, green colour, 50%% shade. each bundle 150sqmtrs.

**Payment Terms** 

After Delivery & Production of bill

Tax

Inclusive of all taxes

**Delivery Date** 

Within 3 days

Delivery Location

Manilal Modi Memorial Hospital

Phone. Madhu Site Engineer - 9502211499

Penality For Delay Nil

Transportation

Extra. Estimated cost is Rs. 200/-

Warranty

Nil

Advance Paid

Nil

**Other Terms** 

We reserve the right to reject items not conforming to quality and specifications. Final payment as per actual

measurement at sit. Above order for MCMET purpose

**Completion Date** 

ant.

Measurment

Nil Nil

Nil

Security Remarks

For MC Modi Educational Trust
Authorised Signatory

Accepted the above Terms And Conditions
For Santosh Tarpaulin

Name : \_\_\_\_\_

Date : \_\_/\_\_/\_\_\_

Requisition Form

MCMET  Manilal Modi Memorial  Hospital  06.06.2021  etion				Units	04.06.2021 10:30PM 162123 66458	
Hospital 06.06.2021	Siz	Req. N ID No.		Linite	162123	
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Pushpalatha		Appro	ved by		T. Madhu	<del></del>
04.06.2021		Sign. &	2 Date		04.06.2021	
(	04.06.2021	Pushpalatha	Pushpalatha Approv 04.06.2021 Sign. 8	Pushpalatha Approved by 04.06.2021 Sign. & Date	Pushpalatha Approved by 04.06.2021 Sign. & Date	Pushpalatha Approved by T. Madhu 04.06.2021 Sign. & Date 04.06.2021

ial at site write inward number and date in last 2 columns.

APPROVED 07 JUN 2021