PURCHASE DIVISION Advice for approval for credit to supplier

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Date:		29/1/21	Pr	epared	by:	سياس	HEME	NAMA		
PO/WO no.		77802			Date.		13/6/21			
Supplier Name	Tan.	Prop. O Sando			amount		250/14			
Firm/Company	, ,	CSIL			Project			C/ 16 P		
Sl. No.	Bill No.		В	ill Date	;		Bill amount			
1	25	<u> </u>		191	6 bec			216		
2			<u> </u>	(()	<u> </u>		25,86%			
3								/		
4										
Ámount A – E	fills total(Excluding	Transport & Han	nali Charges):			25	21M		
	C No	DC. Date			MRN N	lo.	DC matches MI	N/		
1.	253	10	16/21	121 93259			₽Yes □ No			
2.							□ Yes □ No			
3.			(i	,,		·	□ Yes □ No			
Amount B - Other Credits : Transportation charges										
Amount C -Other Debits:										
Amount D (D=A+B-C) – Amount to be credited to the su				oplier: 25,864.						
	O / WO value:		<u>.</u>				257	601,		
	Difference (A – E): (· '					-			
	antity received as per PO/WO Yes - Excess received - Short received - Other (explained below						ned below)			
	petween PO / Bill ac	cceptable?	D Yes o N							
	material received	_	☐ Approved — within acceptable limits ☐ No (explained below)							
Close PO / W			Yes □ No – wait for balance material □ No (explained below)							
Advance paid / PDC given (deduct when paying)										
	Payment – due date									
Remarks:										
Anneyed Bushess B. I. B. I.							-			
Approved by	Purchase Officer	· Pallanian · · · · · · · · · · · · · · · · · · ·	rodurement Mayager		M D	Accounts – receiver of bill	Accountant	Accounts Manager		
Sign:	1	2	9 JUN 202	4		VIII				
Date		, NGR	ISH PAR	14 A	· · ·					
Notes: 1 In ac	ise amount to be ore	died to be being	5.1 in task to be execute	Control of the last			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/-

Pr	aful Sanitary			Invo	ice No.		Dat	ted		
3-6-429/6,SRI SAI TOWER, St.No.4 HIMAYAT NAGAR				PS/21-22/ 253				19-Jun-2021		
\HYDERABAD				Delivery Note			-)	13~Jun-2027		
G	STIN/UIN: 36ACWPG4864A1ZG				oice	_	Ì			
E-	ate Name:Telangana, Code:36 Mail:prafulsanitary@gmail.com			Sup	plier's Re	f.	Oth	er Refe	rence(s)	
Bu	yer	·			·		Cre	edit		
Sı	ımmit Sales LLP			_	er's Order	No.	Dat			
5-	4-187/3&4, IInd Floor, M.G Road			778		cument No	18-	Jun-20	021	
Se	ecunderabad STIN/UIN : 36ACQFS2044C177				paich Dol D ice	ument No			ote Date	
St	STIN/UIN : 36ACQFS2044C1Z7 ate Name : Telangana, Code : 36				patched t	brough	19.	Jun-20)21	
	. Foldingaria, Code : 36			Self				erlapal		
								Cilabai	шу	
L										
SI		HSN.	/SAC	GST	Quantit	/ Rate	ner	Disc. %	Amount	
No.	Stody drive Colvices			Rate			þei	Disc. 76	Amount	
1	CP Bottle Trap	8481	ſ	18 %	30 No	/876.0	00 No:	32 %	47.970.40	
2	25mm Extension Nipple	8481		18 %			00 No:			
								/•		
	Output CGST	.							21,920.40	
	Output SGST	-							1,972.84	
1	Less: ROUNDING OFF								1,972.84	
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An	Total Total	<u>' </u>			120 N): 			₹ 25,866.00	
	dian Rupees Twenty Five Thousand Eight Hundred Sixt	L. O.							E. & O.E	
 	HSN/SAC	y Six				·				
			Taxa Val		Centra Rate	Amount	Sta	ate Tax	Total	
99	81		21,92		9%	1,972.84	Rate 9%	Amou 1,972	nt Tax Amount 2.84 3,945.68	
99					9%		9%	,012	3,343,00	
		Total	21,92	20.40	14%	1,972.84	14%	4 000		
Та						1,372.64		1,972	2.84 3,945.68	
	x Amount (in words): Indian Rupees Three Thousand Nine Hu	unare	d For	ty Fiv	ve and S	ixty Eigh	t pais	e Only		
								X	LSAN	
	•							- //\$ ^{\\}	1	
								1181	1 1/2/	
	•						- 1	 	MAYAN HAGAN 🛬 📗	
C	ompany's PAN : ACWPG4864A							1/2/	8:11	
1	claration					·		— #\(\infty	for Praful Sanitary	
W	e declare that this invoice shows the actual price of the goods	1						11/2	tri.	
de	escribed and that all particulars are true and correct.								Nuthorized Circuit	
1	SUBJECT TO HYDER	ABAD J	URISDI	CHON					Authorised Signatory	
	This is a Computer			_ ~ ~ .	1 23	9/4-4-104				
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:	3 200 mg 2 3 1 Dt: 29 6 4		11:00		Z*//	- 11		1	A	



18-06-2021 2:18:13 PM

19.06.21

From Company: **Summit Sales LLP**

5-4-187/3&4,II nd floor,MG Road, Secunderabad-500003.

G S T No.: 36ACQFS2044C1Z7

Supplier Details					
Praful Sanitary	7 1				
3-6-138/5, Himayat Nagar, Hyderabad.		Doc No	77808	168752	
		Doc Date	18-06-2021		
GSTIN 36ACWPG864A1ZG	40.0	Quote No	Nil		
(##0.000 A	40077300	Quote Date	19.06.2024		

65526886.

9849624797

18-06-2021 SupplyType Supply

Kind Attn: Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 10043 - Plumbing - CP - Bottel trap - NA - nos	30.00	876.00	32.00	18.00	21,087.07
2 7028 - Plumbing - CP - Extension Nipple - other - nos 1 1/2"	90.00	60.00	25.00	18.00	4,779.00
upees : Twenty Five Thousand Eight Hundred Sixty Six and F		Total Or	der Value	3	25,866.07

Terms and Conditions :-

Specification /

material not received. 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

Summit Housing LLP

Cherlapally, Behind Kingston PG college, Hyderabad

Phone. 9618244433, Hamendra

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 Stock purpose.

Completion Date Measurment

Nil Nil

Security

Nil

Remarks

For	Summit Sales	LP
Auth	orised Signatory	

Accepted the above Terms And Conditions For Praful Sanitary

Date : __/__/___

Requisition Form Company Name: SUMMIT SALES LLP Date: 15-06-2021 Site & Phase: SUMMIT HOUSING LLP Time: 11:00 Supplier Req. No. 168752 Material required before date: ID No. 6670V Inward No Description Date Size No Quantity Units CP- Bottle Trap 1 30 Nos CP- Extension Nipple 2 1/2"x1.5" 90 Nos Remarks:For Stock Maintenance Purpose APPROVED BY Prepared By **BHAVANI** 15-06-2021 Sign.& Date Sign. & Date Note: On receipt of material at site write inward number and date in last 2 columns. SOHAM MODI MANAGING DIRECTOR