PURCHASE DIVISION Advice for approval for credit to supplier

Date:	29	6/21	Prepared	by:		FIFMEN	1DRA		
PO/WO no.	2	77 768	PO/WO	Date.		1016/2			
Supplier Name	P	$\lambda = \lambda_{\alpha}$	PO/WO	amount		150	96/2		
Firm/Company	100	< C 2 (P	Project			Shu	P		
Sl. No.	Bill No.		Bill Date	·	Bi	ll amount			
1	251		. (9	16/2		150	941-		
2			•			-(
3									
4									
Amount A - Bills	total(Excluding Tr	ansport & Hams	li Charges):			15.0	2941		
Sl. No. DC 1	No	DC. Date		MRN No.	Ĺ	C matches MR	4 , 1		
1.	2 (1	19	0/21	930	258	Yes 🗆 No			
2.		···				Yes 🗆 No			
3.						Yes 🗆 No			
Amount B -Othe	er Credits :Transpor	tation charges							
Amount C -Othe	er Debits:		,						
Amount D (D=A	+B-C) – Amount t	o be credited to	the supplier:			150	2941		
Amount E - PO	/ WO value:					15,	2941/		
Amount F – Dif	ference (A – E): GS	ST-18%				-			
Quantity receive	ed as per PO/WO		PYes 🗆 Excess	received 🗆 S	Short received	□ Other (explain	ed below)		
Is difference be	tween PO / Bill acc	eptable?	- BYes □ No (exp	plained belo	w)				
Excess / short n	naterial 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)	r Yes - Rs.	XO					
Payment - due	date		8/2/8	λι					
Remarks:			' 						
			1	······································					
Approved by	Purchase Officer	Purchase F Manager	Manager Manager	MD	Accounts receiver of bill	Accountant	Accounts Manager		
Sign:	X								
Date	1 / / X	2 (Val. 15) 1 (12) (11) (12)	ro pa rotalinanti				}		

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/-

10

272	aful Sanitary		Inve	oice No.	F	Date	<u></u> ∌d	
3-6	-429/6,SRI SAI TOWER, No.4 HIMAYAT NAGAR		PS	/21-22/ 25	51	19~	Jun-202	21
St. HV	No.4 HIMAYAT NAGAR DERABAD			ivery Note		1		
G٤	STIN/UIN: 36ACWPG4864A1ZG		Inv	oice		Ì		
Sta	zte Name : Telangana. Code : 36		Su	oplier's Re	f.	Oth	er Refer	ence(s)
E-1	Mail : prafulsanitary@gmail.com ver		_	·		Cre	dit	
	mmit Sales LLP		Bu	yer's Order	No.	Date	ed	<u> </u>
	4-187/3&4, IInd Floor, M.G Road			568			Jun-20	
Se	cunderabad			•	cument No.		very No	
	STIN/UIN: 36ACQFS2044C1Z7			oice			Jun-20	21
Sta	ate Name : Telangana, Code : 36			spatched t	nrougn		tination	
			Se	IT	· · · · · · · · · · · · · · · · · · ·	Che	erlapall	у
SI No.	Description of Goods and Services	HSN/SA	C GS1		y Rate	per	Disc. %	Amount
1	CP Grating Square (Plain)						<u> </u>	
	25mm Extension Nipple	7326	18 9		1 /	1 '		5,817.50
	Waste Coupling H/T	8481 7418	18 4				1	4,050.00
		1.4.0	'0	/0 15 N	0. 37 / 275.0	O No:	25 %	3,093.75
								12,961.25
	Output CGS7							1,166.52
	Output SGST					Į		1,166.52
	Less: ROUNDING OFF	=				İ		(-)0.29
: .	and the second s							*
						1	, ,	
				ļ	•		•	
Ã,								
14	Section 1 and the section of the sec				1			
1		ļ	İ					
		1						
			ļ					
				1				
		1						
۳.								1
]
	and the second s						ł	
<i>i</i> .								
L								
÷	Tota	al .		155 N	lo:			₹ 15,294.00
	nount Chargeable (in words)							E. & O.I
ır	idian Rupees Fifteen Thousand Two Hundred Ninety Fo	our Only						
	HSN/SAC	ן ן	laxable		ral Tax		ate Tax	
	326		Value 5,817.5	Rate 0 9%	Amount 523.58	Rate 9%	Amou 523	int Tax Amour 3.58 1,047.1
	481 418		4,050.0	0 9%	364.50	9%		4.50 729.0
9	418 9		3,093.7		278.44	9%		3.44 556.8
9		Ì		9% 14%		9%		
	:	Total 1	2,961.2		1,166.52	14%	1,160	3.52 2,333.0
T	ax Amount (in words): Indian Rupees Two Thousand Three H					co 0-		
		unaled	ALC:	Luice all	u Four pai	ᄝᅜᅜ	ııy ,	
1		1.	1685 T	11.03			•	SAN SAN
		Ha	37 INW	ARB\\\	1		. 1	
		1/=	Na8.	Lea F	1			
		118	Pateum	29+6 5	ì		- 11	* (HIMAYATNAGAR)
C	company's PAN : ACWPG4864A		selled 3	/0//	<u> </u>		\	(1 .\ / 2
D	eclaration		13.63	-500			•	for Praful Sanitai
V	Ve declare that this invoice shows the actual price of the goods		156	**************************************				Section 1
d	escribed and that all particulars are true and correct.							Authorised Signato
:	SUBJECT TO HYDE	RABAD JUF	RISDICTION	ON ,	-			
	This is a Compute	r Generated	Invoice		S. S. O. L. S.	Ni mail mark		. DC/
	INWARD	-			Certifi	ed b	V:	- X 1
	11 IN WW A 1815	€ E		14		~.		:: 17 / \

Inward No:

Received By:

MRN No: 92 258

Dt:

SUMMIT SALES LLP

Sign:



Purchase Order

Page(s) I Of 1

11-06-2021 12:40:53 PM



10.06.21

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		15 01		
3-6-138/5, Himayat Nagar, Hyd	Doc No	77568	168737	
, manayar magany mya	Doc Date	10-06-2021		
GSTIN 36ACWPG864A1ZG	Quote No	Nil		
65526886.	40077300	Quote Date	10-06-2021	
	9849624797	SupplyType	Supply	<u></u>

Kind Attn: Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	
1 7041 - Plumbing - CP - Sq. Jali without hole - 6 In x6 In -	50.00	179.00	35.00	18.00	Amount 6,864.65
7028 - Plumbing - CP - Extension Nipple - other - nos 1 1/2" 3 7047 - Plumbing - CP - Waste coupling - 1/2 thread - nos	90.00	60.00 275.00	25.00 25.00	18.00	4,779.00 3,650.63
upees: Fifteen Thousand Two Hundred Ninty Four and Paise Tv	<u>-</u>	Total Or	der Value	e	15,294.2

Terms and Conditions :-

Specification /

As per details given in the quotation.

Payment Terms

Within 30 days of delivery.

Тах

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 Nii

Security

Nil

Remarks

For	Summit Sales	LLP .
Auti	norised Signatory	1 1
		4
-		10/06/2021
Nai	me :	12 100 1202

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

Date : __/__/___

Requisition Form

			Requisition F	71111				
		SUMMIT SALES LLP		Date:		07-06-2021		
Site & Phase:		SUMMIT HOUSING LLP		Time:		11:00		
Supplier			Req. No.		168737			
Material required before date:			ID No.		66544			
No	Descriptio	n	Size	Quantity	Units	Inward No	Date	
1	CP-Wall Mixture			15	Nos			
2	CP-Sink Cock With Swive	l Spout		15	Nos			
3	CP-Short Body			12 -	Nos			
4	CP-Shower Arm	(1	. X	15 ->	Nos			
5	CP-Shower Head	33,		15	Nos		··· · · · · · · · · · · · · · · · · ·	
6	CP-Bib Cock	1	- 1 α	5	Nos			
7	Cp-Pillar Cock	~ ~ ~	, A 0	16	Nos			
8	CP-Double Square Jali	27		50 -	Nos			
9	CP- Extension Nipple	Y	1/2"x1.5"	90 -	Nos			
10	CP-Wash Basin Waste Co	upling		15	Nos			
Rem	arks:For Stock Maintenance	Purpose						
Prepared By BHAVANI					laring.			
Sign.& Date 07-06-2021			Sign. & Da	Sign. & Date		<u> </u>		

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