## PURCHASE DIVISION Advice for approval for credit to supplier



Date:	Date: 5   7   2					Prepared by:				BHAVANI			
PO/WO no	74842				PO / WO Date.			2016/21					
Supplier Na	Supplier Name Praful Sanitary			(	PO/WO amount			619					
Firm/Company mpp						Project				НО			
Sl. No.						Bill Date				Bill amount			
1	PS/21-22/278					29/6/21			619				
2	2							1					
3													
4													
Amount A	– Bills t	otal(Exclud	ing Transpor	rt & Han	nali Charg	es):			619				
Sl. No.	DC .N	0	I	DC. Date			MRN	No.	DC matches MRN				
1.		_		_			_		□ Yes □ No				
2.									□ Yes □ No				
3.									□ Yes □ No				
Amount B	Other 0	Credits :_Tra	insportation	charges				-					
Amount C	Other 1	Debits:											
Amount D	(D=A+I	3-C) – Amo	unt to be cre	edited to	the suppli	er:		619					
Amount E	- PO / V	VO value:							619				
Amount F	- Differ	ence (A – E)	): GST-18%						_				
Quantity re	ceived a	s per PO/W	VO		✓ Yes □ Excess received □ Short received □ Other (explained below								
Is difference	e betwe	en PO / Bill	acceptable?	?	□ Yes □ No (explained below)								
Excess / she	ort mate	rial received	d		△ Approved – within acceptable limits □ No (explained below)								
Close PO /	W?O				Yes □ No – wait for balance material □ No (explained below)								
Advance pa	id / PD	C given (dec	duct when pa	aying)	□ Yes – Rs. /- ÞNo								
Payment -	due date				12-7-21								
Remarks:		Inces	itive 1	RS- 2		97							
Approved		Ourchase Officer	Purchase Manage		ocuremen Manager	t N	ſ D	Accounts – receiver of bill	Accountant	Accounts Manager			
Sign:	\$	auay'	Dy SL	7									
Date		7/21	500	1									
Notes: 1. In o	case amo	ount to be co	raditad to an	L., 1:	1 (1 1 111								

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**

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

Modi Properties Private Limited 5-4-187/3 & 4, IInd Floor, M.G. Road

Secunderabad

: 36AABCM4761E1ZM GSTIN/UIN : Telangana, Code : 36 State Name

Invoice No.	Dated
PS/21-22/ 278	29-Jun-2021
Delivery Note	
Invoice	
Supplier's Ref.	Other Reference(s)
	Credit
Buyer's Order No.	Dated
77875	21-Jun-2021
Despatch Document No.	Delivery Note Date
Invoice	29-Jun-2021
Despatched through	Destination
Self	<b>Head Office</b>

SI 10.	Description of Goods and Services	HSN/SAC	GST Rate	Quantity	Rate		Disc. %	Amount
1	CP Urinal Push Cock	8481	18 %	2 No:	328.00		20 %	524.80
	Output CGST Output SGST Less: ROUNDING OFF							47.23 47.23 (-)0.26
	INWARD  Inward No: IV8 Dt:29 5129  MRN No: Dt: Sign: Dt: Management of the control of the contro							
			2			e**		
_	Total			2 No:				₹ 619.00

Amount Chargeable (in words)

Indian Rupees Six Hundred Nineteen Only

HSN/SAC	Taxable	Central Tax		State Tax		Total
	Value	Rate	Amount	Rate	Amount	Tax Amount
8481 99 99	524.80	9% 9% 14%	47.23	9% 9% 14%	47.23	94.46
Total	524.80		47.23		47.23	94.46

Tax Amount (in words): Indian Rupees Ninety Four and Forty Six paise Only

Company's PAN

: ACWPG4864A

<u>Declaration</u>
We declare that this invoice shows the actual price of the goods

described and that all particulars are true and correct.

for Pratul Sanitary

E. & O.E

Authorised Signatory

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice



21-06-2021 2:45:26 PM

19.06.21

From Company: Modi Properties Pvt.Ltd.

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

G S T No.: 36AABCM4761E1ZM

Supplier Details

Praful Sanitary

3-6-138/5, Himayat Nagar, Hyderabad.

77875 182904 Doc No **Doc Date** 20-06-2021 Nil

**Quote No** 

**Quote Date** 20-06-2021

SupplyType

Supply

GSTIN 36ACWPG864A1ZG

40077300

65526886.

9849624797

## Kind Attn: Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 7044 - Plumbing - CP - Urinal Push Cock - NA - nos	2.00	328.00	20.00	18.00	619.26
		Total Or	der Value	e	619.26

## Terms and Conditions :-

Specification /

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** 

**Head Office** 

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

Phone. 040-66335551

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 HO 3rd floor

**Completion Date** 

Nil

Measurment

Nil Nil

Security Remarks

For Modi Properties Pvt.Ltd. Authorised Signatory

Accepted the above Terms And Conditions

For Praful Sanitary

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

APPRO

Pegnicition	Form - CP Fittings		T					7.01			
	Form - CP Fittings		-					7	111111 1	-	
Company	190001	MPPL		Site & Phase				1	JUN Z	U	
Req. no.	182904	НО	-	Req. Date	15-06-2021						
Material required before		ASAP		ID no.	66682			MIN	ISH PA	RII	
Prepared by		SARWAR		Approved by	y (sign):			MANAG	ar PROCU	REL	
Flat / Block	no:		-				-				
Type A 100	00 Sft 2BHK Order Value:	<del> </del>	-	-	-		-		-		
	0 Sft 2BHK Order Value:	НО	3rd FLOOR	R TOILETS			-				
		1		-		- 22		o o	t o	-	
	uo		Oty required forType B 1000 Sft 2BHK flat	Oty required forType A 1200 Sft 2BHK flat	Type B 1000 2BHK flats requirement	Type A 1200 Sft2 BHK flats requirement		Oty Available	Balance Qty to be ordered	9	
	pti		adm SH 2	squ Sft 2	fla fla	A 1 HK	a ity	vai	ce (	Z p	
No.	Description		Tyl 100	Oty requir forType A 1200 Sft 21 flat	Pe HK	Type A 120 Sft2 BHK fl requirement	Quantity	Qty A at site	lan	Inward No	Date
S		<u> </u>	for 100 flat	for 1 120 flat	Ty 2B req	Sh Sh req	Q e	₽ #	be Be	H	Ď
	Wall Mixture	Nos	-	-	-	-	-	-	-		
	sink cock with swivel spout	Nos	-	-	-	-	-	-	-		
	Short Body	Nos	-	-			-	-	-		
	Shower Arm	Nos	-	-	-		-	-	-		
	Shower Head	Nos	-	-			-	-	-		
	Pillar Cock	Nos	2	-	1	( <del>-</del> )	2	-	2		
	Angle Cock	Nos	2	-	1	-	2	-	2		
	Bottle Trap	Nos	4	-	1	-	4	-	4		
9	PVC Connection 2'	Nos	-	-	1	-	-	-	-		
10	health faucet	Nos	2	-	1	-	2	-	2		
11	commode rag bolt	pairs	2	-	1	-	2	-	2	_	
12	wash basin rag bolt	pairs	2	-	1	-	2	-	2	-	
13	Push cock	Nos	2	-	1	-	2	-	2		
14	Waste Coupling full threaded	Nos	4	-	1	-	4	- 1	4	-	
15	cp nipple 1 1/2"	nos	-	-	-	-	-	-	-		
16	cp nipple 1"	nos	10	-	1	-	10	-	10	_	
	tefflon tapes	nos	10	-	1	-	10	-	10	_	
	PVC Connection	nos	2	-	1	-	2	-	2		
19	flush plates	nos	2	-	. 1	-	2	-	2		
	CP Zali (Without hole)	nos	2	-	1	-	2	-	2		
	Total						-	-	46		

Age of the second of the secon