

PURCHASE DIVISION
Advice for approval for credit to supplier

② V M

| | | | | | | | |
|---|---|--------------------------------------|---------------------|--|-----------------------------|------------|------------------|
| Date: | 21.08.21 | Prepared by: | Deepa | | | | |
| PO/WO no. | 79747 | PO / WO Date. | 13/8/21 | | | | |
| Supplier Name | M/S. vivid world | PO/WO amount | 654.90 | | | | |
| Firm/Company | modi housing part Ltd | Project | head office. | | | | |
| Sl. No. | Bill No. | Bill Date | Bill amount | | | | |
| 1 | 2146 | 13/8/21 | 654.90 | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| Amount A – Bills total(Excluding Transport & Hamali Charges): | | | 654.90 | | | | |
| Sl. No. | DC .No | DC. Date | MRN No. | DC matches MRN | | | |
| 1. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 2. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 3. | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Amount B –Other Credits :_Transportation charges | | | — | | | | |
| Amount C –Other Debits : | | | — | | | | |
| Amount D (D=A+B-C) – Amount to be credited to the supplier: | | | 654.90 | | | | |
| Amount E – PO / WO value: | | | 654.90 | | | | |
| Amount F – Difference (A – E): GST-18% | | | — 0 — | | | | |
| Quantity received as per PO /WO | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Excess received <input type="checkbox"/> Short received <input type="checkbox"/> Other (explained below) | | | | | | |
| Is difference between PO / Bill acceptable? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explained below) | | | | | | |
| Excess / short material received | <input type="checkbox"/> Approved – within acceptable limits <input type="checkbox"/> No (explained below) | | | | | | |
| Close PO / W?O | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – wait for balance material <input type="checkbox"/> No (explained below) | | | | | | |
| Advance paid / PDC given (deduct when paying) | <input type="checkbox"/> Yes – Rs. ___ /- <input checked="" type="checkbox"/> No | | | | | | |
| Payment – due date | 23/8/21 | | | | | | |
| Remarks: Final Bill | | | | | | | |
| Approved by | Purchase Officer | Purchase Manager | Procurement Manager | M.D. | Accounts – receiver of bill | Accountant | Accounts Manager |
| Sign: | | | | | | | |
| Date | 21/8/21 | MINISH PARIKH MANAGER PROCUREMENT | | | | | |

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/-

M/s. VIVID WORLD

A Complete Solution for all your cartridge needs

Flat No. 503, G2 Block, Indu Aranya Pallavi Apts., Bandlaguda,
Nagole, Hyderabad – 500 068, Telangana State. Tel : +91-9246215868

GSTIN : 36AVTPS1528D1ZB

TAX INVOICE

| | |
|--------------------------|------------------|
| Invoice No. : 2146 | Transport Mode : |
| Invoice Date :13/08/2021 | Vehicle Number : |
| Reverse Charge (Y/N) : | Date of Supply : |
| State : TELANGANA | Code 36 |

| | |
|---|-------------------|
| Bill to Party | Ship to Party |
| Address: M/S. MODI HOUSING PVT LTD, 5-4-187/3&4, 2 ND FLOOR, SOHAM MANSION, MG ROAAD , SECBAD. | GATE PASS NO:2977 |

| | |
|-----------------------|---------|
| GST: 36.AADCM5906D2ZO | GSTIN : |
| State : TELANGANA | State : |

| Product Description | HSN Code | UOM | Qty. | Rate | Amount | TAXABLE VALUE | CGST | | SGST | | TOTAL |
|------------------------------|----------|-----|------|--------|--------|---------------|------|-------|------|-------|--------|
| | | | | | | | RATE | AMT | RATE | AMT | |
| HP 12A LASER TONER REFILLING | 3707 | | 01 | 230.00 | 230.00 | 41.40 | 9% | 20.70 | 9% | 20.70 | 271.40 |
| HP 12A LASER TONER DRUM | 8443 | | 01 | 325.00 | 325.00 | 58.50 | 9% | 29.25 | 9% | 29.25 | 383.50 |
| | | | | | 555.00 | 99.90 | | | | | 654.90 |

INWARD

Inward No: 285 Di: 13/8/21

MRN No: Di:

Received By: Sign:

MODI PROPERTIES

| | | | | |
|---|--------|------------------------|-------|--------|
| RS. SIX HUNDRED FIFTY FOUR AND NINTY PAISE ONLY.... (RS .654.90) | 555.00 | 49.95 | 49.95 | 654.90 |
| | | ADD :CGST 9% | | 49.95 |
| | | ADD :SGST 9% | | 49.95 |
| | | Total Amount After Tax | | 654.90 |

| | | |
|-----------------------------|-----------------|---|
| Bank Details | Common Seal | Certified that the particulars given above are true and correct For VIVID WORLD Hyderabad Authorized Signatory |
| Bank Name : INDIAN BANK | | |
| Branch : Narayanguda Branch | | |
| Bank A/C : 406746378 | | |
| Bank IFSC : IDIB000N015 | | |

INWARD

No: 83504

Date: 12/8

Sign:

SUMMIT SALES LLP

R.R. DIST.

Purchase Order

Page(s) 1 Of 1

17-08-2021 15:11:33

Origin

From Company : **Modi Housing Pvt.Ltd**
5-4-187/3 & 4, IInd Floor, M.G.Road, Secunderabad - 500003
G S T No. : 36AADCM5906D2Z0



79747

12.08.21 2:08:31

Supplier Details

Vivid World
204, Kubera Towers, Narayanaguda, Hyderabad.

GSTIN 36AVTPS1528D1ZB

6682-3161/ 6682-3171

92462-15868

| | | |
|-------------------|------------|--------|
| Doc No | 79747 | 183117 |
| Doc Date | 13-08-2021 | |
| Quote No | Nil | |
| Quote Date | 13-08-2021 | |
| SupplyType | Supply | |

Kind Attn : Mr. Vishal

Purchase Order for the Supply of following Items.

| Item Name | Qty | Rate | Dis% | GST | Amount |
|---|------|--------|------|-------|---------------|
| 1 3523 - Computers and Peripherals - Toner refill - NA - nos 12A | 1.00 | 230.00 | 0.00 | 18.00 | 271.40 |
| 2 3522 - Computers and Peripherals - Toner drum - NA - nos 12A Toner PCR | 1.00 | 325.00 | 0.00 | 18.00 | 383.50 |
| Total Order Value . . . | | | | | 654.90 |

Rupees : Six Hundred Fifty Four and Paise Ninty Only.

Terms and Conditions :-

Specification / As per details given in the quotation
Payment Terms After Delivery & Production of bill
Tax All taxes included in above price.
Delivery Date Same Day
Delivery Location Head Office
5-4-187/3 & 4, II nd Floor, M.G.Road, Secunderabad - 500003
Phone. 040-66335551
Penalty For Delay Nil
Transportation Included in the above price.
Warranty Nil
Advance Paid Nil
Other Terms We reserve the right items not conforming to quality and specifications. Above order for Ho purpose.
Completion Date Nil
Measurment Nil
Security Nil
Remarks

For **Modi Housing Pvt.Ltd**

Authorised Signatory

Name : _____

Contact : -

Accepted the above Terms And Conditions

For **Vivid World**

Name : _____

Date : ___/___/___

Requisition Form

1126 ✓

| Company Name: | | Modi Housing Pvt Ltd | Date: | | 13-08-21 | |
|--------------------------------|---------------|----------------------|--------------|-------|-----------|------|
| Site & Phase : | | Head Office | Time: | | | |
| Supplier | | | Req. No. | | 183117 | |
| Material required before date: | | | ID No. | | 68517 | |
| No | Description | Size | Quantity | Units | Inward No | Date |
| 1 | 12A refilling | | 1 | No | | |
| 2 | 12a toner PCR | | 1 | No | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Remarks: This is for HO | | | | | | |
| Prepared By | | K.Suneel | Approved by | | | |
| Sign. & Date | | 13-08-21 | Sign. & Date | | | |

79747

APPROVED
17 JUN 2021
F. PRASHAKAR
Sr. MANAGER PURCHASE

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

Requisition Form

| Company Name: | | | Date: | | | |
|--------------------------------|-------------|------|--------------|-------|-----------|------|
| Site & Phase : | | | Time: | | | |
| Supplier | | | Req. No. | | | |
| Material required before date: | | | ID No. | | | |
| No | Description | Size | Quantity | Units | Inward No | Date |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 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.