

PURCHASE DIVISION
Advice for approval for credit to supplier

②V④

Date:	27/8/21	Prepared by:	Deek
PO/WO no.	79445	PO / WO Date.	27/8/21
Supplier Name	Pratib Sanitary	PO/WO amount	46,696.85/-
Firm/Company	Summit Sales UP	Project	Summit Housing HP
Sl. No.	Bill No.	Bill Date	Bill amount
1	428	13/8/21	46,697.00
2			
3			
4			

Amount A – Bills total(Excluding Transport & Hamali Charges):

46,697/-

Sl. No.	DC No	DC. Date	MRN No.	DC matches MRN
1.	428	13/8/21	95520	☒ Yes ☐ No
2.				☐ Yes ☐ No
3.				☐ Yes ☐ No

Amount B –Other Credits :Transportation charges

Amount C –Other Debits :

Amount D (D=A+B-C) – Amount to be credited to the supplier:

46,697/-

Amount E – PO / WO value:

46,697/-

Amount F – Difference (A – E): GST-18%

0

Quantity received as per PO /WO	☒ Yes ☐ Excess received ☐ Short received ☐ Other (explained below)
Is difference between PO / Bill acceptable?	☐ Yes ☐ No (explained below)
Excess / short material received	☐ Approved – within acceptable limits ☐ No (explained below)
Close PO / WO	☒ Yes ☐ No – wait for balance material ☐ No (explained below)
Advance paid / PDC given (deduct when paying)	☐ Yes – Rs. _____ ☒ No
Payment – due date	30/8/21

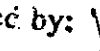
Remarks:

Approved by	Purchase Officer	Purchase Manager	Procurement Manager	MD	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:							
Date	27/8/21						

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/-

(ORIGINAL FOR RECIPIENT)

Invoice No. PS/21-22/ 428	Dated 13-Aug-2021
Delivery Note Invoice	
Supplier's Ref.	Other Reference(s) Credit
Buyer's Order No. 79445	Dated 7-Aug-2021
Despatch Document No. Invoice	Delivery Note Date 13-Aug-2021
Despatched through Self	Destination Cherlapally

Certified by: 

Stores Manager

Purchase Order

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07-08-2021 10:52:13 AM

Original



79445

10.08.21 11:14:46

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 3-6-138/5, Himayat Nagar, Hyderabad. GSTIN 36ACWPG864A1ZG 40077300 65526886. 9849624797	Doc No	79445	168897
	Doc Date	07-08-2021	
	Quote No	Nil	
	Quote Date	07-08-2021	
	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	40.00	876.00	32.00	18.00	28,116.10
2 7026 - Plumbing - CP - Extension Nipple - 1/2 In - nos 1"	90.00	60.00	20.00	18.00	5,097.60
3 7302 - Plumbing - sanitary - Health Faucet - NA - nos	15.00	800.00	37.28	18.00	8,881.15
4 7111 - Plumbing - other - Ball cock- Brass - 3/4 In - nos	10.00	600.00	35.00	18.00	4,602.00
Total Order Value . . .					46,696.85
Rupees : Fourty Six Thousand Six Hundred Ninty Six and Paise Eighty Five Only.					

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 Summit Housing LLP
Cherlapally, Behind Kingston PG college, Hyderabad
Phone. 9618244433, Hamendra

Penalty 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 Nil

Measurment Nil

Security Nil

Remarks

For **Summit Sales LLP**

Authorised Signatory

Name : _____

Accepted the above Terms And Conditions

For **Praful Sanitary**

Name : _____

Date : __/__/__

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Requisition Form

Company Name:		SUMMIT SALES LLP		Date:		03-08-2021	
Site & Phase :		SUMMIT HOUSING LLP		Time:		12:00AM	
Supplier				Req. No.		168897	
Material required before date:					ID No.		68235
S. No	Description	Size	Quantity	Units	Inward No	Date	
1	CP- Bottle Trap		40	Nos			
2	CP Extension Nipple	1/2"x1.5"	90	Nos			
3	CP - Health Faucet		15	Nos			
4	CP- Ball Cock	3/4	10	Nos			
Remarks: For Stock Maintenance Purpose							
Prepared By		Bhavani					
Sign. & Date		03-08-2021		Sign. & Date		APPROVED BY 05 AUG 2021 SOHAM MODI MANAGING DIRECTOR	

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