

PURCHASE DIVISION
Advice for approval for credit to supplier

⑧V①④

Date: 27/8/21		Prepared by: (Signature)	
PO/WO no. 79680		PO / WO Date. 16/8/21	
Supplier Name pratu sanitary		PO/WO amount 9.062.40/-	
Firm/Company summit sales UP		Project Summit Housing UP	
Sl. No.	Bill No.	Bill Date	Bill amount
1	450	20/8/21	9,062.00/-
2			
3			
4			
Amount A – Bills total(Excluding Transport & Hamali Charges):			9,062.00/-
Sl. No.	DC No	DC. Date	MRN No.
1.	450	20/8/21	95521
2.			
3.			
Amount B –Other Credits :Transportation charges			
Amount C –Other Debits :			
Amount D (D=A+B-C) – Amount to be credited to the supplier:			9.062.00/-
Amount E – PO / WO value:			9.062.40/-
Amount F – Difference (A – E): GST-18%			981
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 / W?O		☒ 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: Final Bill			
Approved by	Purchase Officer	Purchase Manager	Accounts – receiver of bill
Sign:	(Signature)	(Signature)	(Signature)
Date	27/8/21	26 AUG 2021	

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)

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

State Name : Telangana, Code : 36

Self

Cherlapally

Tax Amount (in words) : **Indian Rupees One Thousand Three Hundred Eighty Two and Forty paise Only**

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

This is a Computer Generated Invoice

Authorised Signatory

SUMMIT SALES LLC

Stores Manager

Purchase Order

Page(s) 1 Of 1

16-08-2021 4:58:48 PM



79680

12.08.21 2:06:06

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	79680	168923
Doc Date	14-08-2021	
Quote No	Nil	
Quote Date	14-08-2021	
SupplyType	Supply	

Kind Attn : Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 7028 - Plumbing - CP - Extension Nipple - other - nos 1.5"	90.00	90.00	20.00	18.00	7,646.40
2 7284 - Plumbing - PVC - Waste Pipe - other - nos	60.00	25.00	20.00	18.00	1,416.00
Total Order Value . . .					9,062.40
Rupees : Nine Thousand Sixty Two and Paise Fourty 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:		11-08-2021	
Site & Phase :		SUMMIT HOUSING LLP		Time:		12:00PM	
Supplier				Req. No.		168923	
Material required before date:				ID No.		68411	

S. No	Description	Size	Quantity	Units	Inward No	Date
1	CP- Wall Mixture		10	Nos		
2	CP- Sink Cock With Swivel Spout		10	Nos		
3	Cp- Short Body		6	Nos		
4	CP-Shower Arm		10	Nos		
5	CP-Shower Head		10	Nos		
6	CP-Pillar Cock		6	Nos		
7	CP-Angle Cock		20	Nos		
8	CP Extension Nipple	1/2"x1.5"	90	Nos		
9	Sanitary-Wall Hung Rag Bolts		20	Nos		
10	CP Health Faucet		10	Nos		
11	Sanitary SS Sink	20"x17"	20	Nos		
12	Waste Pipe		60	Nos		

Remarks: For Stock Maintenance Purpose

Prepared By	Bhavani		APPROVED BY 12 AUG 2021 SOHAM MODI MANAGING DIRECTOR
Sign. & Date	11-08-2021	Sign. & Date	

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