PURCHASE DIVISION Advice for approval for credit to supplier

M

Date:		9 1	5	$\overline{}$		Гераго	ed by:	· · · · · · · · · · · · · · · · · · ·	MOUN	FIZ-A	
PO/WO no. 20 8 2)			PO / WO Date.			THE COUNTY					
Supplier Name		1	PO/WO amount		20/8/21						
Firm/Comp		Vivi	`	2021)				654.90 -		
Sl. No.		Voc				Project			Ho		
	·	Bill No.			Bill Date				Bill amount		
1		215	73		galelas			1/C11 and -			
2					<u>~010181</u>			654.901			
3									 		
4	 -										
Amount A	– Bills	total(Excludi	no Transn	ort & Har	nali Charaa	-7.	···				
Sl. No.	DC .N					s). 	·		654.	90 -	
	DC .I			DC. Date	• 		MRN 1	No.	DC matches M	RN	
l.								,	Yes D No		
2.									□ Yes □ No		
3.				W				□ Yes □ No			
Amount B	-Other	Credits: Tra	nsportation	1 charges							
Amount C	-Other	Debits :		.,							
Amount D	(D=A+	B-C) – Amoi	int to be c	redited to	the supplie	_					
Amount E									654.	701-	
Amount F	– Differ	ence (A – E)	: GST-189	6		···		· · · · · · · · · · · · · · · · · · ·	65y.	90 -	
Quantity re	ceived	as per PO /W	·		Ves n F	YCess:	received c	Short receive	d □ Other (explai	., .	
		en PO / Bill		?	 -				1 U Other (explai	ned below)	
		erial received			☐ Yes ☐ No (explained below)						
			· · · · · · · · · · · · · · · · · · ·		□ Approved – within acceptable limits □ No (explained below)						
				Yes No - wait for balance material No (explained below)							
Advance paid / PDC given (deduct when paying)				□ Yes – Rs. /→ No							
Payment – due date				9	91						
Remarks:											
				···					····		
Approve	d	Purchase	Purcha		rocurement		MD	Accounts -	Accountant	Accounts	
by		Officer	Manag	er	Manager		•	receiver of	1 1000 cantaint	Manager	
Sign:	9	10-1	TA A		·	_		bill			
Date		20/0/20	2018	21		 	·				
		2012/01	- P 101	<u>' </u>		L_			1	}	

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/-

Requisition Form 1151 Company Name: Villa Orchids Date: 20-08-2021 Site & Phase: Head office Time: Supplier Req. No. 183134 Material required before date: ID No. No Description Size Inward No Quantity Units Date 12A tonner refilling 1 1 No 12A Toner Drum 2 1 No 3 4 5 6 80116 7 8 9 10 Remarks: This is for HO Prepared By Suneel Approved by Sign & Date 20-08-2021 Sign. & Date Note: On receipt of material at site write inward number and date in last 2 columns.

M/s. VIVID WORLD

A Complete Solution for all your cartridge needs

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

GSTIN: 36AVTPS1528D1ZB

		T	`A.	X INV	VOIC	E	17700				
Invoice No.: 2153					Transport Mode :						
Invoice Date :20/08/2021					Vehicle Number :						
Reverse Charge (Y/N):					Date of	Supply :		*			
State: TELANGANA	Code	2	3	6						W	
Bill to Pa	irty						SI	hip to Pa	rty		
Address: M/S. VILLAORCHIDS LLP 5-4-187/3&4, 2 ND FLOOR, SOHAM	, MANSION				GATE PA	SS N:298	0		<u>-</u>		***
MG ROAD , SECBAD.											
GST: 36AANFG4817C1ZH.					GSTIN:	·	-				
State : TELANGANA			Со		State :						Code
Product Description	HSN	Ιü	de Qty.	Rate	A	T TAVES OF			· · · · · ·		
	Code	O M	Gty.	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
									 	 	
Vi N. D		-	·							 	
INWAR	53		·								
Inward No: 354		-1									
The state of the s	Dt:	+1									
	Sign:	+11				-	ļ		 		
James M	31811	기									
MODI PROP	ERTIES	+		 		-			 		
		+4	``						 	ļ	
· .		\perp					<u></u>				
							 				
			L <u>.</u>	<u> </u>	555.00	99.90	<u> </u>			<u></u>	654.90
					<u> </u>		I	***			555.00
RS. SIX HUNDRED FIFTY FOUR AND NI	NTY PAISE OF	NLY.	•••			ADD:CGS	Г 9%				49.95
(RS .654.90)						ADD: SGS1	f 9%				
						Total Amou				· · ·	49.95
					·····	3.5.7.11100		· 			-654.90
Bank Details											
Bank Name : INDIAN BANK						Cer	tified that t	he particular	· · · · · · · · · · · · · · · · · · ·	5. 4.7 M	nd correct
Branch : Narayanguda Branch	<u> </u>	l n						+9°547	ID WO	RLD	
Bank A/C : 406746378	>	1	_					* ((V)	M2 (pa	
Bank IFSC : IDIB000N015			Com	mon Seal				Authoriz	ed Sign	atery	
				mon ocal		<u></u>		11.5	Pranc(2110//	

30-08-2021 11:31:46

80116

Ori

27.08.21 3:31:3

From Company: Villa Orchids LLP

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

G S T No.: 36AANFG4817C1ZH

Supplier Details					
Vivid World		Doc No	80116	183134	
204, Kubera Towers, Narayanaguda, Hyderabad.		Doc Date	20-08-202		
		Quote No Nil			
GSTIN 36AVTPS1528D1ZB		Quote Date	20-08-2021		
6682-3161/6682-3171	92462-15868	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	1.00	230.00	0.00	18.00	271.40
2 3522 - Computers and Peripherals - Toner drum - NA - nos	1.00	325,00	0.00	18.00	383.50
supees : Six Hundred Fifty Four and Paise Ninty Only.		Total O	der Valu	e	654.90

-		_		
Terms	and	C ~ ~		
1 5 11113	anu	COH	UHLIO	ms :-

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

Penality For Delay Ni

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 Security Nil Nil

Remarks

For	Villa Orchids LLP	
Auth	orised Signatory	

Accepted the above Terms And Conditions

For Vivid Work	ŧ
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Name :	Name :	Date ://
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