PURCHASE DIVISION
Advice for approval for credit to supplier

Date:	03/09/2021	Prepared by:	BHAVANI
PO/WO no.	79041	PO / WO Date.	27/7/21
Supplier Name	Prafful Sanitary	PO/WO amount	10,755
Firm/Company	Nilgiri Estate	Project	NE
Sl. No.	Bill No.	Bill Date	Bill amount
1	PS/21-22/486	30/08/21	10,755
2			/
3			
4			
Amount A – Bills total(Excluding Transport & Hamali Charges):			10,755

Sl. No.	DC .No	DC. Date	MRN No.	DC matches MRN
1.	/	/	95808	☐ 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:	10,755
Amount E – PO / WO value:	10,755
Amount F – Difference (A – E): GST-18%	—

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	6/9/21
Remarks:	

Approved by	Purchase Officer	Purchase Manager	Procurement Manager	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:							
Date	3/9/21						

APPROVED
03 SEP 2021
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/-

GST INVOICE

(ORIGINAL FOR RECIPIENT)

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 (Bill to)
Nilgiri Estates
5-4-187/3&4, IInd Floor, M.G. Road
Secunderabad
GSTIN/UIN : 36AAHFN0766F1ZA
State Name : Telangana, Code : 36

Invoice No.	Dated
PS/21-22/ 486	30-Aug-21
Delivery Note	
Invoice	
Reference No. & Date	Other References
	Credit
Buyer's Order No.	Dated
79041	27-Jul-21
Dispatch Doc No	Delivery Note Date
Invoice	30-Aug-21
Dispatched through	Destination
Self	Rampally

Sl No	Description of Goods	HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1	**Syphon Set D/F (Superflo)**	3922	18 %	4 No:	3,255.00	No:	30 %	9,114.00
	Output CGST							820.26
	Output SGST							820.26
	ROUNDING OFF							0.48
	Total			4 No:				₹ 10,755.00

INWARD
Inward No: 22715 Dt: 02/09/21
MRN No: 95808 Dt: 02/09/21
Received by: Ashish
Nilgiri Estates

Amount Chargeable (in words)
Indian Rupees Ten Thousand Seven Hundred Fifty Five Only E. & O.E

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
3922	9,114.00	9%	820.26	9%	820.26	1,640.52
Total	9,114.00		820.26		820.26	1,640.52

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

PRAFUL SANITARY

Company's PAN : **ACWPG4864A**

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

for Praful Sanitary

Authorised Signatory

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice

SUMMIT SALES LLP
IN WARD
No: 84021
Date: 31.9
Sign:
R.R. DIST.

Purchase Order

 27-07-2021 4:35:34 PM

79041
26.07.21 11:52:28

From Company : **Nilgiri Estates**
5-4-187/3 & 4, IInd Floor, M.G.Road, Secunderabad - 500003.
G S T No. : 36AAHFN0766F1ZA

Supplier Details			
Praful Sanitary 3-6-138/5, Himayat Nagar, Hyderabad.	**Doc No**	79041	175331
	Doc Date	27-07-2021	
	Quote No	Nil	
GSTIN 36ACWPG864A1ZG 40077300	**Quote Date**	27-07-2021	
65526886. 9849624797	**SupplyType**	Supply	

Kind Attn : Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

	Item Name	Qty	Rate	Dis%	GST	Amount
1	7301 - Plumbing - sanitary - Gasket Saifan Set - NA - nos *Etios*	4.00	3,255.00	30.00	18.00	10,754.52
					Total Order Value . . .	**10,754.52**

Rupees : Ten Thousand Seven Hundred Fifty Four and Paise Fifty Two Only.

Terms and Conditions :-

Specification /	As per details given in the quotation.
Payment Terms	After Delivery & Production of bill
Tax	Inclusive of all taxes
Delivery Date	Same Day
Delivery Location	Nilgiri Estate Sy.No.143/133/134/135/136, Rampally Village. Phone. 9030931172
Penality For Delay	Nil
Transportation	Transport cost shall be borne by us.
Warranty	Nil
Advance Paid	Nil
Other Terms	We reserve the right to reject items not conforming to quality and specifications. Above order for V .no.162 purpose
Completion Date	Nil
Measurment	Nil
Security	Nil
Remarks	

For ***Nilgiri Estates***

Authorised Signatory

Name : 28/07/2021

Accepted the above Terms And Conditions

For ***Praful Sanitary***

Name : _____

Date : __/__/____

Requisition Form

1517

Company Name:	NILGIRI ESTATES	Date:	26-07-2021
Site & Phase :	NILGIRI ESTATE	Time:	13:30
Supplier		Req. No.	175331
Material required before date:		ID No.	67871

No	Description	Size	Quantity	Units	Inward No	Date
1	Wall Mixture	STD	02	Nos		
2	Shower Head/Arm	STD	02	Nos		
3	Alpha Set	STD	04	Nos		
4						
5						
6						
7						
8						
9						
10						

Remarks: - For Villa no:162 purpose

Prepared By	Sadhana	Approved by	Akheel
Sign.& Date	26-07-2021	Sign. & Date	

Certified by:
Project Manager
Nilgiri Estates

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

Company Name:		Date:	
Site & Phase :		Time:	
Supplier		Req. No.	
Material required before date:	Urgent	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.