

PURCHASE DIVISION  
Advice for approval for credit to supplier

(b) (m)

|                                                               |                  |                         |                                                                                                                                                                           |                                                          |                             |              |                  |
|---------------------------------------------------------------|------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------|--------------|------------------|
| Date:                                                         |                  | 2/9/21                  |                                                                                                                                                                           | Prepared by:                                             |                             | P. Sneh      |                  |
| PO/WO no.                                                     |                  | 79340                   |                                                                                                                                                                           | PO / WO Date.                                            |                             | 4/8/21       |                  |
| Supplier Name                                                 |                  | Shweta Computers        |                                                                                                                                                                           | PO/WO amount                                             |                             | 650/-        |                  |
| Firm/Company                                                  |                  | Serene Construction LLP |                                                                                                                                                                           | Project                                                  |                             | Serene farms |                  |
| Sl. No.                                                       | Bill No.         | Bill Date               |                                                                                                                                                                           | Bill amount                                              |                             |              |                  |
| 1                                                             | 00015806         | 18/8/21                 |                                                                                                                                                                           | 650/-                                                    |                             |              |                  |
| 2                                                             |                  |                         |                                                                                                                                                                           |                                                          |                             |              |                  |
| 3                                                             |                  |                         |                                                                                                                                                                           |                                                          |                             |              |                  |
| 4                                                             |                  |                         |                                                                                                                                                                           |                                                          |                             |              |                  |
| Amount A – Bills total(Excluding Transport & Hamali Charges): |                  |                         |                                                                                                                                                                           |                                                          |                             | 650/-        |                  |
| 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:   |                  |                         |                                                                                                                                                                           |                                                          |                             | 650/-        |                  |
| Amount E – PO / WO value:                                     |                  |                         |                                                                                                                                                                           |                                                          |                             | 650/-        |                  |
| Amount F – Difference (A – E): GST-18%                        |                  |                         |                                                                                                                                                                           |                                                          |                             |              |                  |
| 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 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 type="checkbox"/> Yes <input checked="" 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                                            |                  |                         | 6/9/21                                                                                                                                                                    |                                                          |                             |              |                  |
| Remarks:                                                      |                  |                         |                                                                                                                                                                           |                                                          |                             |              |                  |
|                                                               |                  |                         |                                                                                                                                                                           |                                                          |                             |              |                  |
| Approved by                                                   | Purchase Officer | Purchase Manager        | Procurement Manager                                                                                                                                                       | M D                                                      | Accounts – receiver of bill | Accountant   | Accounts Manager |
| Sign:                                                         | Sneh             |                         |                                                                                                                                                                           |                                                          |                             |              |                  |
| Date                                                          | 2/9/21           |                         |                                                                                                                                                                           |                                                          |                             |              |                  |

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/-

## TAX INVOICE

☐ Original for Recipient ☐ Triplicate for Supplier  
☐ Duplicate for Transporter ☐ Extra Copy

## SHWETA COMPUTERS

SHOP NO. 1,2,3 AND 4, GROUND FLOOR, CHENOY TRADE CENTRE,  
 PARKLANE, SECUNDERABAD TELANGANA HYDERABAD 500003

State Name 36 - Telangana

Phone: 040-66143437, 66143438, 66143439,

Email: Shwetacomputers@shwetagroup.com

GSTIN: 36ACUFS2935A1ZZ

PAN: ACUFS2935A

Bill To:

SERENE CONSTRUCTIONS LLP

5-4-187/3 AND 4, 2ND FLOOR, SOHAM MANSION, MG ROAD,  
 SECUNDERABAD, Ranga Reddy, Telangana, 500003

PH: 8247034785

HYDERABAD - 500003

State: 36 - Telangana

Invoice No. : 00015806

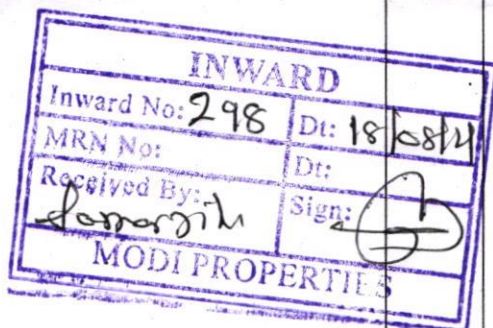
Invoice Date : 18/08/2021

GSTIN : 36ACVFS7909P1ZV

PAN : ACVFS7909P

Ship to:

| SI           | Product Description   | HSN/<br>SAC | Qty | Rate<br>(incl GST) | Rate   | Taxable<br>Amount | CGST |       | SGST |       | IGST |      |
|--------------|-----------------------|-------------|-----|--------------------|--------|-------------------|------|-------|------|-------|------|------|
|              |                       |             |     |                    |        |                   | %    | Amt   | %    | Amt   | %    | Amt  |
| 1            | LAPTOP ADAPTOR (COMP) | 84733099    | 1   | 600.00             | 508.48 | 508.48            | 9.00 | 45.76 | 9.00 | 45.76 | 0.00 | 0.00 |
| 2            | COMPUTER CABLE 18%    | 85444999    | 1   | 49.00              | 41.53  | 41.52             | 9.00 | 3.74  | 9.00 | 3.74  | 0.00 | 0.00 |
|              |                       |             |     |                    |        | 550.00            |      |       |      |       |      |      |
|              |                       |             |     |                    |        | 9.00              |      | 49.50 |      |       |      |      |
|              |                       |             |     |                    |        | 9.00              |      | 49.50 |      |       |      |      |
|              |                       |             |     | CGST               |        |                   |      |       |      |       |      |      |
|              |                       |             |     | SGST               |        |                   |      |       |      |       |      |      |
| Grand Total: |                       |             |     | 2                  |        | 649.00            |      | 49.50 |      | 49.50 |      |      |



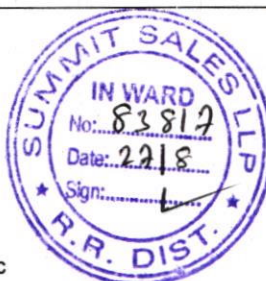
Rupees Six Hundred Forty-Nine Only.

## Bank Details:

HDFC BANK PARADISE A/C NO : 50200010045314, IFSC: HDFC0000042

## Terms &amp; Condition:

1. No warranty for burnt/Physical damage goods.
2. For Warranty bring Product with box.
3. In case of default interest payable @ 24% p.a. from bill date
4. All disputes are subject to HYDERABAD jurisdiction
5. Payment should be sent through A/c payee cheque/Draft only
6. Standard Warranty 11 months from the date of Invoice.
7. No warranty on adaptor, cables, earphone, other accessories & consumables products etc



E.&O.E  
 For SHWETA COMPUTERS



Authorised Signatory

## Purchase Order

Page(s) 1 Of 1

04-08-2021 2:29:13 PM

Or



79340

31.07.21 2:18:25

From Company : **Serene Constructions LLP**  
5-4-187/374,ii Floor,M.G.Road,Secunderabad-500 003.  
G S T No. : 36ACVFS7909P1ZV

### Supplier Details

Shweta Computers  
Shop no. 1 to 4 & 1A, 2A, 58A, 59A, Chenoy Trade Centre, Parklane,  
Secunderabad - 500 003.

**GSTIN** 36ACUFS2935A1ZZ

9248091726

|                   |            |        |
|-------------------|------------|--------|
| <b>Doc No</b>     | 79340      | 150562 |
| <b>Doc Date</b>   | 04-08-2021 |        |
| <b>Quote No</b>   | Nil        |        |
| <b>Quote Date</b> | 04-08-2021 |        |
| <b>SupplyType</b> | Supply     |        |

**Kind Attn : Mr.Irfan**

Purchase Order for the Supply of following Items.

| Item Name                                                                         | Qty  | Rate   | Dis% | GST   | Amount        |
|-----------------------------------------------------------------------------------|------|--------|------|-------|---------------|
| 1 4070 - Consumables - Batteries - other - nos<br>HP Laptop Charger & Power Cable | 1.00 | 550.80 | 0.00 | 18.00 | 649.94        |
| <b>Total Order Value . . .</b>                                                    |      |        |      |       | <b>649.94</b> |

Rupees : Six Hundred Fourty Nine and Paise Ninty Four Only.

### Terms and Conditions :-

**Specification /** All items shall be of Dell Brand

**Payment Terms** 100% as advance

**Tax** Inclusive of all taxes

**Delivery Date** Next Working Day.

**Delivery Location** Serene Farms  
Sy no-44, Yenkepally Village, Chevella Mandal,RR.Dist-501 503  
Phone. ..

**Penalty For Delay** Nil

**Transportation** Transport cost shall be borne by us.

**Warranty** 1 yr

**Advance Paid** Rs. 650/- vide cheq....

**Other Terms** We reserve the right to reject items not conforming to quality and specifications. Above order for site laptop purpose

**Completion Date** Nil

**Measurment** Nil

**Security** Nil

**Remarks**

For **Serene Constructions LLP**

Authorised Signatory

Name : 

Accepted the above Terms And Conditions

For **Shweta Computers**

Name : \_\_\_\_\_

Date : \_\_/\_\_/\_\_

# Requisition Form

|                                                                |                   |                          |          |              |           |            |  |
|----------------------------------------------------------------|-------------------|--------------------------|----------|--------------|-----------|------------|--|
| Company Name:                                                  |                   | serene constructions llp |          | Date:        |           | 29-07-2021 |  |
| Site & Phase :                                                 |                   | Serene farms             |          | Time:        |           | 16:00      |  |
| Supplier                                                       |                   |                          |          | Req. No.     |           | 150562     |  |
| Material required before date:                                 |                   | asap                     |          | ID No.       |           | 67973      |  |
| No                                                             | Description       | Size                     | Quantity | Units        | Inward No | Date       |  |
| 1                                                              | Hp laptop adapter | std                      | 01       | nos          |           |            |  |
| 2                                                              |                   |                          |          |              |           |            |  |
| 3                                                              |                   |                          |          |              |           |            |  |
| 4                                                              |                   |                          |          |              |           |            |  |
| 5                                                              |                   |                          |          |              |           |            |  |
| 6                                                              |                   |                          |          |              |           |            |  |
| 7                                                              |                   |                          |          |              |           |            |  |
| 8                                                              |                   |                          |          |              |           |            |  |
| 9                                                              |                   |                          |          |              |           |            |  |
| 10                                                             |                   |                          |          |              |           |            |  |
| Remarks: The above material is required for office use purpose |                   |                          |          |              |           |            |  |
| Prepared By                                                    |                   | G.Siva prasad            |          | Approved by  |           |            |  |
| Sign. & Date                                                   |                   | 29-07-2021               |          | Sign. & Date |           |            |  |

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.

