

**PURCHASE DIVISION**  
Advice for approval for credit to supplier

02519

|                                                                                                                                                                                                                                                                     |                  |                                                                                                                                                                           |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Date: <u>25/9/21</u>                                                                                                                                                                                                                                                |                  | Prepared by: <u>Ha ha</u>                                                                                                                                                 |                                                                                    |
| PO/WO no. <u>80655</u>                                                                                                                                                                                                                                              |                  | PO / WO Date. <u>9/9/21</u>                                                                                                                                               |                                                                                    |
| Supplier Name <u>Lived wmd</u>                                                                                                                                                                                                                                      |                  | PO/WO amount <u>1,198/-</u>                                                                                                                                               |                                                                                    |
| Firm/Company <u>ssup</u>                                                                                                                                                                                                                                            |                  | Project <u>HB</u>                                                                                                                                                         |                                                                                    |
| Sl. No.                                                                                                                                                                                                                                                             | Bill No.         | Bill Date                                                                                                                                                                 | Bill amount                                                                        |
| 1                                                                                                                                                                                                                                                                   | <u>2164</u>      | <u>9/9/21</u>                                                                                                                                                             | <u>1,198/-</u>                                                                     |
| 2                                                                                                                                                                                                                                                                   |                  |                                                                                                                                                                           |                                                                                    |
| 3                                                                                                                                                                                                                                                                   |                  |                                                                                                                                                                           |                                                                                    |
| 4                                                                                                                                                                                                                                                                   |                  |                                                                                                                                                                           |                                                                                    |
| Amount A – Bills total(Excluding Transport & Hamali Charges): <u>1,198/-</u>                                                                                                                                                                                        |                  |                                                                                                                                                                           |                                                                                    |
| Sl. No.                                                                                                                                                                                                                                                             | DC No            | DC. Date                                                                                                                                                                  | MRN No.                                                                            |
| 1.                                                                                                                                                                                                                                                                  |                  |                                                                                                                                                                           | DC matches MRN <input checked="" 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:                                                                                                                                                                                                         |                  |                                                                                                                                                                           |                                                                                    |
| Amount E – PO / WO value: <u>1,198/-</u>                                                                                                                                                                                                                            |                  |                                                                                                                                                                           |                                                                                    |
| Amount F – Difference (A – E): GST-18% <u>1,198/-</u>                                                                                                                                                                                                               |                  |                                                                                                                                                                           |                                                                                    |
| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (explained below)                                                                                     |                                                                                    |
| Excess / short material received                                                                                                                                                                                                                                    |                  | <input checked="" type="checkbox"/> Approved – within acceptable limits <input type="checkbox"/> No (explained below)                                                     |                                                                                    |
| Close PO / W?O                                                                                                                                                                                                                                                      |                  | <input checked="" type="checkbox"/> Yes <input 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. <u>1/-</u> <input checked="" type="checkbox"/> No                                                                                      |                                                                                    |
| Payment – due date                                                                                                                                                                                                                                                  |                  | <u>30/9/21</u>                                                                                                                                                            |                                                                                    |
| Remarks:                                                                                                                                                                                                                                                            |                  |                                                                                                                                                                           |                                                                                    |
| Approved by                                                                                                                                                                                                                                                         | Purchase Officer | Purchase Manager                                                                                                                                                          | Procurement Manager                                                                |
| Sign:                                                                                                                                                                                                                                                               |                  |                                                                                                                                                                           |                                                                                    |
| Date                                                                                                                                                                                                                                                                |                  |                                                                                                                                                                           |                                                                                    |
| <div style="display: flex; justify-content: space-between;"> <div> <p>25 SEP 2021</p> <p>MINISH PARIKH</p> </div> <div> <p>MD</p> </div> <div> <p>Accounts – receiver of bill</p> </div> <div> <p>Accountant</p> </div> <div> <p>Accounts Manager</p> </div> </div> |                  |                                                                                                                                                                           |                                                                                    |

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/-

## A Complete Solution for all your cartridge needs

GSTIN : 36AVTPS1528D1ZB

Invoice No. : 2164

Transport Mode :

Invoice Date :09/09/2021

Vehicle Number :

Reverse Charge (Y/N):

Date of Supply :

State : TELANGANA

Code

36

## Bill to Party

Ship to Party

Address: M/S. SUMMIT SALES LLP ,  
5-4-187/3&4, 2<sup>ND</sup> FLOOR, SOHAM MANSION,  
MG ROAD, SECBAD.

GATEPASS NO: 2991

**GST: 36ACQFS2044C1Z7.**

GSTIN :

State : TELANGANA

State :

Code

INWARD

Inward No: 362

MRN No:

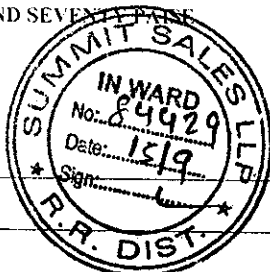
Received By: [Signature]

MODI PROPERTIES

1015.00

RS. ONE THOUSAND ONE HUNDRED NINETY SEVEN AND SEVENTY Paise ONLY....

(RS . 1197.70)



ADD :CGST 9%

1015.00

ADD: SGST 9%

91.35

|                        |  |
|------------------------|--|
| Total Amount After Tax |  |
|------------------------|--|

1197.70

### Bank Details

Bank Name : INDIAN BANK

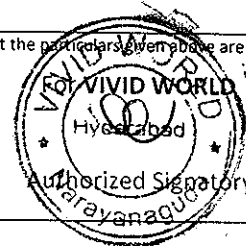
Branch : Narayanquda Branch

|          |             |
|----------|-------------|
| Bank A/C | : 406746378 |
|----------|-------------|

Bank IFSC : IDIB000N015

Common Seal

Certified that the particulars given above are true and correct



# Purchase Order

Page(s) 1 Of 1

15-09-2021 12:08:55 PM



14.09.21 11:35:34

From Company : **Summit Sales LLP**  
5-4-187/3&4, II nd floor, MG Road, Secunderabad-500003.  
G S T No. : 36ACQFS2044C1Z7

**Supplier Details**

Vivid World  
204, Kubera Towers, Narayanaguda, Hyderabad.

**GSTIN** 36AVTPS1528D1ZB

6682-3161/ 6682-3171

92462-15868

|            |            |        |
|------------|------------|--------|
| Doc No     | 80655      | 183177 |
| Doc Date   | 09-09-2021 |        |
| Quote No   | Nil        |        |
| Quote Date | 09-09-2021 |        |
| 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<br>12A   | 2.00 | 230.00 | 0.00 | 18.00 | 542.80          |
| 2 3523 - Computers and Peripherals - Toner refill - NA - nos<br>88A   | 1.00 | 230.00 | 0.00 | 18.00 | 271.40          |
| 3 3522 - Computers and Peripherals - Toner drum - NA -<br>nos<br>12A  | 1.00 | 325.00 | 0.00 | 18.00 | 383.50          |
| <b>Total Order Value . . .</b>                                        |      |        |      |       | <b>1,197.70</b> |
| Rupees : One Thousand One Hundred Ninty Seven and Paise Seventy Only. |      |        |      |       |                 |

**Terms and Conditions :-**

**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  
**Penalty For Delay** Nil  
**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 site office purpose.  
**Completion Date** Nil  
**Measurment** Nil  
**Security** Nil  
**Remarks**

For **Summit Sales LLP**

Authorised Signatory

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

Accepted the above Terms And Conditions

For **Vivid World**

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

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

# Requisition Form

1174

|                                |  |                  |  |          |  |            |  |
|--------------------------------|--|------------------|--|----------|--|------------|--|
| Company Name:                  |  | Summit Sales LLP |  | Date:    |  | 09-09-2021 |  |
| Site & Phase :                 |  | Head office      |  | Time:    |  |            |  |
| Supplier                       |  |                  |  | Req. No. |  | 183177     |  |
| Material required before date: |  |                  |  | ID No.   |  | 69328      |  |

| No | Description          | Size | Quantity | Units | Inward No | Date |
|----|----------------------|------|----------|-------|-----------|------|
| 1  | 12A tonner refilling |      | 2        | No    |           |      |
| 2  | 12A Drum             |      | 1        | No    |           |      |
| 3  | 88A Refilling        |      | 1        | No    |           |      |
| 4  |                      |      |          |       |           |      |
| 5  | 80655                |      |          |       |           |      |
| 6  |                      |      |          |       |           |      |
| 7  |                      |      |          |       |           |      |
| 8  |                      |      |          |       |           |      |
| 9  |                      |      |          |       |           |      |
| 10 |                      |      |          |       |           |      |

Remarks: This is for HO

|              |            |              |  |
|--------------|------------|--------------|--|
| Prepared By  | Suneel     | Approved by  |  |
| Sign. & Date | 09-09-2021 | Sign. & Date |  |

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

