PURCHASE DIVISION Advice for approval for credit to supplier





Date:	181	10/21		Prepared	l by:		Mome.	No.
PO/WO no.		735		PO / WO	Date.		8/10/2	.)
Supplier Nam	The second secon	id work	al	PO/WO	amount		654.9	
Firm/Compar	IV .	RC	1	Project			Ho	V 1
Sl. No.	Bill No.			Bill Dat	е		Bill amount	
1	2)	83		اء	10/21		654.	90)-
2					10 100		,	10)
3		-						
4						•		
Amount A –	Bills total(Excludi	ng Transport & F	Hamali Charg	ges):			654.0	201-
Sl. No. I	DC .No	DC. D	ate		MRN	No.	DC matches M	
1.	1				_		Yes 🗆 No	
2.			\	-			□ Yes □ No	
3.							□ Yes □ No	
Amount B -C	Other Credits :_Tra	nsportation charg	ges					
Amount C –C	Other Debits :						_	
Amount D (D	=A+B-C) – Amou	ant to be credited	to the suppli	ier:			654.9	71-
Amount E – I	PO / WO value:						654.9	01-
Amount F – I	Difference (A – E)	: GST-18%		_				-
Quantity rece	ived as per PO/W	0	¥es □	Excess re	ceived [Short received	d □ Other (explain	ned below)
Is difference l	between PO / Bill	acceptable?	□ Yes □	No (expla	ined bel	ow)		
Excess / short	t material received		- Appro	ved wit	nin accep	otable limits	No (explained be	low)
Close PO / W	?0		Yes 🗆	No – wai	t for bala	nce material	No (explained b	elow)
Advance paid	/ PDC given (dec	luct when paying) 🗆 Yes –	Rs/	-BNo			
Payment - du	e date		2	\$100	21			
Remarks:				7 (-)				
Approved by	Purchase Officer	Purchase Manager	Procureme Manager		M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:	glann)						
Date	18/10/8	2)					I for debit or cree	lit 2 Attach

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/-

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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

TAX INVOICE

					. 010	_					
nvoice No.: 2183					Transport Mode :						
Invoice Date :08/10/2021					Vehicle Number :						
Reverse Charge (Y/N):					Date of Supply :						
State : TELANGANA	Code	е	3	6							
Bill to Party								hip to Pa	irty		3
Address: M/S. GV RESEARCH CENTRE 5-4-187/3&4, 2 ND FLOOR, SOHAM MAN MG ROAD , SECBAD.),			GATE PA	ASS NO: 28	309				
GST: 36AAHCG4562D1ZP					GSTIN:						
State : TELANGANA Co					State :						Code
Product Description	HSN Code	0 M	Qty	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
Inward No: 449 MRN No: Redeived By: MODI PROI	Duos Dt: Sign:	Ju S	4								
					555.00	99.90					654.90
RS, SIX HUNDRED FIFTY FOUR AND NINTY	PAISE ()NI	V								555.00
6. SIA HUNDRED FIFTI FOUR AND NINTI	TAISE (J . + L	-			ADD:CGST 9%					49.95
(RS .654.90)						ADD: SGST	9%				49.95
					Total Amount After Tax					654.90	
Bank Details Bank Name : INDIAN BANk Branch : Narayanguda Branch			Q	\tag{\tag{\tag{\tag{\tag{\tag{\tag{				he particular	divenable Divenable	111	

IDIB000N015

Bank IFSC

Purchase Order

Page(s) 1 Of 1

18-10-2021 14:43:11

Orig

18.10.21 2:06:31

From Company: **G V Reserch Centers Pvt Ltd**

5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Secunderabad-50000.

G S T No.: 36AAHCG4562D1ZP

	Doc No	81735	183226
204, Kubera Towers, Narayanaguda, Hyderabad.		08-10-2021	
		Nil	
	Quote Date	08-10-202	21
92462-15868	SupplyType	Supply	
		Doc Date Quote No Quote Date	Quote No Nil Quote Date 08-10-202

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
		Total Or	der Value	e	654.90

-	1	-	11.1	
Terms	and	Cond	litions	:-

Specification / Brand 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

Nil

Transportation Cost

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

Nil

Security Remarks Nil

For G V Reserch Centers Pvt Ltd	For	G	V	Reserch	Centers	Pvt	Ltd
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Accepted the above Terms And Conditions

Authorised Signatory

For Vivid World

Name :	Name :	Date ://

Contact - -

1201

Requisition Form

Com	pany Name:	G V Research Cente	er	Date:		08-10-21	
Site &	& Phase:	Head Office		Time:			
Supp	lier			Req. No.		183226	
Mate	rial required before date:			ID No.		70148	
No	Descri	ption	Size	Quantity	Units	Inward No	Date
1	12A toner refilling	x		1	No		
2	12A toner drum			1	No		
3							
4							
5	817	35					
6				A	PPROVE	D	
7					D WOT OR		
8					8 111.1 71	11	
9				P. F	RASHAK	211112	
10			(OI. MA	NAGER PUR	UNADE	
Rema	arks: This is for Head O	ffice				75	
Prepa	ared By	K.Suneel		Approved by			
Sign.	& Date	08-10-21		Sign. & Date			

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

Requisition Form

Company Na	ame:		Date:					
Site & Phase	:		Time:					
Supplier			Req. No.					
	uired before date:		ID No.					
No	Description	Size	Quantity	Units	Inward No	Date		
1								
2								
3	×							
4								
5								
6								
7								
8		(E	7 37					
9			0.7					
10								
Remarks:		ally =						
Prepared By			Approved by					
Sign.& Date		11	Sign. & Date					

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