PURCHASE DIVISION

Advice for approval for credit to supplier

Date:	9/11/21	Prepared by:	Bhavani
PO/WO no.	81606	PO / WO Date.	11/10/21
Supplier Name	Prafull Sanitary	PO/WO amount	3,587
Firm/Company	Nilgiri Estate	Project	NE
Sl. No.	Bill No.	Bill Date	Bill amount
1	688	23/10/21	3,587
2			/
3			
4			
Amount A – ~~Bills total(Excluding Transport & Hamali Charges)~~:			3,587

Sl. No.	DC .No	DC. Date	MRN No.	DC matches MRN
1.	/	/	98522	☐ 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:	3587
Amount E – PO / WO value:	3587
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	15/11/21
Remarks:	

Approved by	Purchase Officer	Purchase Manager	Procurement Manager	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:							
Date	9/11/21	9/11/21					

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/-

Purchase Order

 11-10-2021 5:33:04 PM

81606
18.10.21 2:04:47

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. **GSTIN** 36ACWPG864A1ZG 40077300 65526886. 9849624797	**Doc No**	81606	175394
	Doc Date	11-10-2021	
	Quote No	NIL	
	Quote Date	08-10-2021	
	SupplyType	Supply	

Kind Attn : Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

	Item Name	Qty	Rate	Dis%	GST	Amount
1	7145 - Plumbing - other - Manhole sq. covers - - other - nos	10.00	380.00	20.00	18.00	3,587.20
					Total Order Value . . .	**3,587.20**

Rupees : Three Thousand Five Hundred Eighty Seven and Paise Twenty 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	Next Day.
Delivery Location	Nilgiri Estate Sy.No.143/133/134/135/136, Rampally Village. Phone. 9030931172
Penality For Delay	Nil
Transportation	Extra.
Warranty	Nil
Advance Paid	Nil
Other Terms	We reserve the right to reject items not conforming to quality and specifications. Above order for site use purpose
Completion Date	Nil
Measurment	Nil
Security	Nil
Remarks	

For ***Nilgiri Estates***

Authorised Signatory

Name :

Accepted the above Terms And Conditions

For ***Praful Sanitary***

Name : _____

Date : __/__/____

Requisition Form

1306

Company Name:	NILGIRI ESTATES	Date:	08-10-2021
Site & Phase :	NILGIRI ESTATE	Time:	14:30
Supplier		Req. No.	175394
Material required before date:		ID No.	70158

No	Description	Size	Quantity	Units	Inward No	Date
1	Earth pit Manhole covers	1'X1'	10	Nos		
2		380 +20% +18%				
3						
4						
5						
6						
7						
8						
9						
10						

Remarks: -For Site use purpose

Prepared By	Sadhana	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.

Certified by:
Project Manager
Nilgiri Estates

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						

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.