

PURCHASE DIVISION
Advice for approval for credit to supplier

⑥611

Date: 6/11/21		Prepared by: H. Ramachandra	
PO/WO no. 82145		PO / WO Date. 26/10/21	
Supplier Name: Pooja Sanitary		PO/WO amount: 8,468/-	
Firm/Company: SSIU		Project: SBI	
Sl. No.	Bill No.	Bill Date	Bill amount
1	703	28/10/21	8,468/-
2			
3			
4			
Amount A - Bills total (Excluding Transport & Hamall Charges): 8,468/-			
Sl. No.	DC No	DC Date	MRN No.
1.	-	-	98612
2.			
3.			
Amount B - Other Credits : Transportation charges			
Amount C - Other Debits :			
Amount D (D=A+B-C) - Amount to be credited to the supplier: 8,468/-			
Amount E - PO / WO value: 8,468/-			
Amount F - Difference (A - E): GST-18% 8			
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 / WO		☒ Yes ☐ No - wait for balance material ☐ No (explained below)	
Advance paid / PDC given (deduct when paying)		☐ Yes - Rs. _____ ☒ No	
Payment - due date		13/11/21	
Remarks:			
Approved by	Purchase Officer	Purchase Manager	Accounts - receiver of bill
Sign:			
Date			

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, Hamall 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/-.

(ORIGINAL FOR RECIPIENT)

Invoice No. PS/21-22/ 703	Dated 28-Oct-21
Delivery Note Invoice	
Reference No. & Date.	Other References Credit
Buyer's Order No. 82145	Dated 27-Oct-21
Dispatch Doc No. Invoice	Delivery Note Date 28-Oct-21
Dispatched through Self	Destination Cherlapally

[illegible]

E. & O.E

HSN/SAC		Taxable Value	Central Tax		State Tax		Total Tax Amount
			Rate	Amount	Rate	Amount	
8481		7,176.00	9%	645.84	9%	645.84	1,291.68
99			9%		9%		
99			14%		14%		
Total		7,176.00		645.84		645.84	1,291.68

Authorized Signatory



INWARD	
Inward No: 17192	Dt: 30-10-24
MRN No: 98668	Dt: 01/11/24
Received By:	Sign: 2
SUMMIT SALES LLP	

Purchase Order

Page(s) 1 Of 1

27-10-2021 16:54:39



25.10.21 1:32:48

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

Supplier Details

Praful Sanitary
3-6-138/5, Himayat Nagar, Hyderabad.

GSTIN 36ACWPG864A1ZG 40077300
65526886. 9849624797

Doc No	82145	169105
Doc Date	26-10-2021	
Quote No	Nil	
Quote Date	26-10-2021	
SupplyType	Supply	

Kind Attn : Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 7111 - Plumbing - other - Ball cock- Brass - 3/4 In - nos	10.00	650.00	30.00	18.00	5,369.00
2 10006 - Plumbing - GI - Ball Valve - 1/2 In - nos	10.00	404.00	35.00	18.00	3,098.68
Total Order Value . . .					8,467.68
Rupees : Eight Thousand Four Hundred Sixty Seven and Paise Sixty Eight 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 Next Day.
Delivery Location Summit Housing LLP
Cherlapally, Behind Kingston PG college, Hyderabad
Phone. 9618244433, Hamendra
Penalty 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 Stock purpose.
Completion Date Nil
Measurment Nil
Security Nil
Remarks

For **Summit Sales LLP**

Authorised Signatory

Name : _____

Accepted the above Terms And Conditions

For **Praful Sanitary**

Name : _____

Date : ____/____/____

(M) 1342

Requisition Form

Company Name:	SUMMIT SALES LLP	Date:	14-10-2021
Site & Phase :	SUMMIT HOUSING LLP	Time:	11:00PM
Supplier		Req. No.	169105
Material required before date:		ID No.	70398

S. No	Description	Size	Quantity	Units	Inward No	Date
1	CP-Wall Mixture ✓		10	Nos		
2	CP-Sink Cock ✓		10	Nos		
3	CP-short Body ✓		10	Nos		
4	CP-Shower Arm ✓ 81886		15	Nos		
5	CP-Shower Head ✓		15	Nos		
6	CP-Pillar Cock ✓		10	Nos		
7	CP-Angle Cock ✓		20	Nes		
8	CP-Wash Basin Waste Coupling ✓		20	Nos		
9	GI-Ball Valve ✓		10	Nos		
10	CP-Health Faucet ✓		10	Nos		
11	Sanitary-SS Sink 81891	20"x17"	10	Nos		
12	Ball Cock 82145	3/4"	10	Nos		

Remarks: For Stock Replenishing Purpose

Prepared By	Bhavani		
Sign. & Date	14-10-2021	Sign. & Date	

APPROVED BY

18 OCT 2021

S. CHAMMODI
MANAGING DIRECTOR

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