PURCHASE DIVISION
Advice for approval for credit to supplier

Date:	13/	11/2021			Prepare	d by:		chand Mo	hammoo				
PO/WO no.		79951			PO / Wo	O Date.		24/08/2021					
Supplier Na	upplier Name Praful Sanifary			¥	PO/WO amount			8219.88					
Firm/Comp		lakia 21			Project			Bloomda	le				
Sl. No.	Bill N				Bill Dat	e		Bill amount					
1	P51	21-22/4	98		02/0	9/20	21	9,990.0	0				
2								1					
3	i												
4						100 to							
Amount A	Bills total(Ex	cluding Transp	ort & H	amali Charg	es):			8,220	_				
Sl. No.	DC .No		DC. Da	ite		MRN N	o.	DC matches M					
1.						958	30	+-Yes □ No					
2.				_		-		□ Yes □ No					
3.								□ Yes □ No					
Amount B -	Other Credits	:_Transportation	n charge	s 150	0/-+	18%	<u> </u>	17701					
Amount C -	Other Debits :							7					
Amount D ((D=A+B-C) -	Amount to be	credited t	to the supplie	er:			8219.8	8 9,9				
Amount E -	- PO / WO valu	ie:						8219.8	8				
Amount F -	- Difference (A	– E): GST-18	%					-0					
Quantity red	ceived as per P	O/WO		Yes 🗆	Excess re	eceived 🗆 S	Short received	d Other (explai	ned below)				
Is difference between PO / Bill acceptable?					No (expl	ained belo	W)		Line in				
Excess / short material received				□ Appro	□ Approved – within acceptable limits □ No (explained below)								
Close PO /	W?O			□ Yes □	No – wa	it for balan	ce material	No (explained b	elow)				
Advance pa	id / PDC giver	(deduct when	paying)	□ Yes –	Rs.	/- NNO							
Payment – c	lue date			22/2	1/202	4							
Remarks:	Final Bi	"(1		/							
	7 7711			M									
Approved	d Purchas Office	e Puich Mana	ase AP	Brock emer Manager	b	M D	Accounts – receiver of bill	Accountant	Accounts Manager				
Sign:			13	NOV 202	1								
Date			N45 N1	SH PAR!	КН								
			10/1/25	DENCHE	EMENT		1 77	C 1.1.14	1:4 2 Attack				

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/-

Authorised Signatory

Praful Sanitary Invoice No. Dated 3-6-429/6, SRI SAI TOWER, PS/21-22/ 498 2-Sep-21 St.No.4 HIMAYAT NAGAR **Delivery Note** HYDERABAD GSTIN/UIN: 36ACWPG4864A1ZG Invoice State Name: Telangana, Code: 36 Reference No. & Date. Other References E-Mail . prafulsanitary@gmail.com 9100461618 Buyer (Bill to) Buyer's Order No. Dated Kadakia & Modi Housing 5-4-187/3&4, IInd Floor, M.G. Road 79951 24-Sep-20 Secunderabad Dispatch Doc No. **Delivery Note Date** GSTIN/UIN : 36AAHFK8714A1ZJ Invoice 2-Sep-21 State Name : Telangana, Code : 36 Dispatched through Destination **Goods Vehicle** Bloomdale, Shameerpet Bill of Lading/LR-RR No. Motor Vehicle No. AP12Y2465 SI Description of HSN/SAC GST Quantity per Disc. % Rate No. Amount Goods and Services Rate 1 600x600mm Rcc Cover Square 6810 18 % 380.00 No: 3 No: 600mm Rcc Cover Round 10 % 1.026.00 6810 18 % 3 No: 2,200.00 10 % No: 5,940.00 6.966.00 **Output CGST** 761.94 Output SGST 761.94 Transport Charges @ 18% 99 18 % 1,500.00 ROUNDING OFF 0.12 INWARD Dt: 02 Dt:02 Sign: Kadakia & Modi Housing R Total 6 No: Amount Chargeable (in words) ₹ 9,990.00 Indian Rupees Nine Thousand Nine Hundred Ninety Only E. & O.F HSN/SAC Taxable Central Tax State Tax Value Rate Amount Total 6810 Rate Amount 626,94 6,966.00 Tax Amount 9% 99 626.94 9% 1,500.00 1,253.88 9% 135.00 9% Total 135.00 8,466.00 270.00 Tax Amount (in words): Indian Rupees One Thousand Five Hundred Twenty Three and Eighty Eight paise Only 761.94 761.94 1,523.88 Company's PAN : ACWPG4864A Declaration for Praful Sanitary We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct

SUBJECT TO HYDERABAD JURISDICTION
This is a Computer Generated Invoice

Purchase Order

Page(s) 1 Of 1

24-08-2021 3:25:46 PM

13.08.21 2:26:19

Kadakia and Modi Housing From Company:

5-4-187/3 & 4, IInd Floor, M.G.Road, Secunderabad - 500003

G S T No.: 36AAHFK8714A1ZJ

Supplier Details						
Praful Sanitary		Doc No	79951 2164:			
3-6-138/5, Himayat Nagar, Hyde	Doc Date	24-08-2021				
		Quote No	Quote No NIL			
GSTIN 36ACWPG864A1ZG	40077300	Quote Date	19-08-2021 Supply			
65526886.	9849624797	SupplyType				

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 -	3.00	380.00	10.00	18.00	1,210.68
F-24" x 24" C-20" x 20" 3 tones 7135 - Plumbing - other - Manhole round covers other -	3.00	2,200.00	10.00	18.00	7,009.20
nos F-30" x 30" C- 24" x 24" 25 tones(round covers)		Total O	der Value	e	8,219.88

Rupees: Eight Thousand Two Hundred Ninteen and Paise Eighty Eight 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

Bloomdale

Sy. No. 1139, Shameerpet, Hyd. Take Rd Opp. Orange Bowl

Phone. Mobile no. 9100461618 (Mr.Vijay Bhasker - Admin)

Penality For Delay

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 Villa no. 23, 24, 42

purpose

Completion Date

Measurment

Nil Nil

Security

Nil

Remarks

Accepted the above Terms And Conditions For Praful Sanitary

Site & Phase Bloomdale B	7.	2 RCC Round Cover	1 RCC Square Cover	S No.	Type B 1010 Sft 2BHK Order Value:	Type C 1940 Sft 3BHK Order Value:	Flat / Block no:	pared by:	faterial required before	Req. no.	Company	Requisition Form - Manhole Covers
a & Modi Housing Sile & Phase Bloomdale 21641 Bn.		Over	over		der Value:	der Value:	IIIV	G.R	mg		Kac	
Site & Phase Site & Phase Red, Date		30" X 30"	24" X 24"	Frame Size	0	(L)	a no,23,24,42	Rahul	ent	21641	dakia & Modi H	
Roomdale 19-08-2021 Quantity required Quantity required Quantity required Roomdale Otype Otyp		24" X 24"	20" X 20"	Cover Size	Flats	Flats					ousing	
Quantity required Quantity required Quantity required Quantity required Resident Standard Servers wherever possible at site Balance Qty to be ordered Nos Units in Nos Inward No		0	W					Approved by	ID no.	Req. Date	Site & Phase	
Qty Available at site Balance Qty to be ordered No. No. Units in Nos Inward No	7 agsi.	Footpath	Footpath	Usage Type	ound covers w	TAKOHASE	TOUR IN THE	(sign):	1000		2	
Balance Qty to be ordered No. Work With the control of the contro	6		-		rever possible	-			68289	19-08-2021	SICOMORIE	111
ordered No.				site								2
Inward No		U.		ordered								
	100	Nos	Nos	Units in Nos								
				Inward No	-							