

PURCHASE DIVISION
Advice for approval for credit to supplier

(2) (M)

Date: 1/12/21		Prepared by: Snehg	
PO/WO no. 83178		PO / WO Date. 18/11/21	
Supplier Name Vivid world		PO/WO amount 654.90/-	
Firm/Company Modi Consultancy Services		Project Greens Towers	
Sl. No.	Bill No.	Bill Date	Bill amount
1	2217	18/11/21	654.90/-
2			
3			
4			
Amount A – Bills total(Excluding Transport & Hamali Charges):			654.90/-
Sl. No.	DC .No	DC. Date	MRN No.
1.			DC matches MRN
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:			654.90/-
Amount E – PO / WO value:			654.90/-
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		6/12/21	
Remarks:			
Approved by	Purchase Officer	Purchase Manager	Procurement Manager
MD	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:	Snehg		
Date	1/12/21		

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/-

A Complete Solution for all your cartridge needs

GSTIN : 36AVTPS1528D1ZB

Invoice No.: 2217

Transport Mode :

Vehicle Number :

Code	36
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Date of Supply :

Ship to Party

GATE PASS NO: 2837

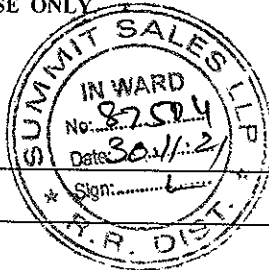
GSTIN :

State :

Code

INWARD	
Inward No: 578	Di: 18 July
MRN No:	Dt:
Received By: <i>gamm</i>	Sign: <i>[Signature]</i>
MODI PROPERTIES	

(RS.654.90)



555.00

49.95

654.90

Bank Name : INDIAN BANK

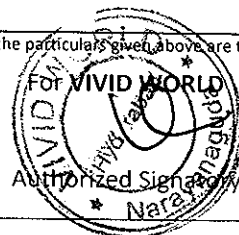
Branch : Narayanguda Branch

Bank A/C : 406746378

Bank IFSC : IDIB000N015

Common Seal

Certified that the particulars given above are true and correct



Purchase Order

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01-12-2021 14:46:52

Original / Office Copy / Purchase Div.Copy

From Company : **Mody Consultancy Services**
5-4-187/3&4, II Floor, M.G.Road, Secunderabad-500003.
G S T No. :

Supplier Details

Vivid World
204, Kubera Towers, Narayanaguda, Hyderabad.

GSTIN 36AVTPS1528D1ZB

6682-3161/ 6682-3171

92462-15868

Doc No	83178	183296
Doc Date	18-11-2021	
Quote No	Nil	
Quote Date	18-11-2021	
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 12A	1.00	230.00	0.00	18.00	271.40
2 3522 - Computers and Peripherals - Toner drum - NA - nos 12A	1.00	325.00	0.00	18.00	383.50
Total Order Value . . .					654.90

Rupees : Six Hundred Fifty Four and Paise Ninty 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	Greens Towers Begumpet Main Road, Hyd. Opp. Hyderabad Public School. Phone. 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 Nagamalleshwar Purpose.
Completion Date	Nil
Measurment	Nil
Security	Nil
Remarks	

For **Mody Consultancy Services**

Authorised Signatory

Accepted the above Terms And Conditions

For **Vivid World**

Name : _____

Name : _____

Date : __/__/__

Requisition Form

Company Name:		Villa Orchids		Date:		18-11-2021	
Site & Phase :		Head office		Time:			
Supplier				Req. No.		183296	
Material required before date:				ID No.		71339	
No	Description	Size	Quantity	Units	Inward No	Date	
1	12A toner refilling		1	No			
2	12A toner drum		1	No			
3							
4							
5							
6							
7	83178						
8							
9							
10							
Remarks: This is for Head office Nagamalleswar							
Prepared By		Suneel		Approved by			
Sign. & Date		18-11-2021		Sign. & Date			

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