PURCHASE DIVISION Advice for approval for credit to supplier

pared by: / WO Date. /WO amount ject Date	8/12/24 7,914/2 Shus Bill amount				
WO amount ject Date	7,914				
ject Date	7,914				
Date	Shus Bill amount				
	Bill amount				
12/12/21	7,914-				
12/12/21	7, 1197-				
	1 1197-				
	4 91/1				
MRN No.	DC matches MRN				
	DYES D NO				
100830	□ Yes □ No				
	□ Yes □ No				
	7				
	4, 914-				
	7,9141				
s received Short received	Other (explained below)				
Quantity received as per PO /WO Yes Excess received Short received Is difference between PO / Bill acceptable? Tyes No (explained below)					
Excess / short material received Approved - within acceptable limits					
Close PO / W?O Pes D No - wait for balance material D					
PDC given (deduct when paying) U Yes - Rs. /- UNO					
24/194					
THE STATE OF THE S					
MD Accounts - receiver of	Accountant Accounts Manager				
bill					
-					
	IDO 830 Is received Short received				

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 Il 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 tansport. Hamali charges, etc and instead include in Amount B. 6. To be approved by accounts manager if bill value exceeds Rs. 0,000/- 7. MD to approve all bills above 1,00,000/-

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TAX INVOICE

AKSHAYA TRADERS

Suppliers: BOMBAY BROOMS, SPONGES, GOA ROPES. BLUE SHEETS, DIAMOND MESH, FOAM SHEETS Etc. H.No. 6-4-392/1, New Bholakpur, Secunderabad - 500 003. T.S.

Cell: 9958611144 9381004542

1647 GSTIN: 36BFYPA0121AZ3 Invoice No. Name Symmid sales 11P GSTINZBACQFSZOLY (127 Address P.O. No. \$3425 / Po. D = 68/12/2)StateState Code...... HSN SI. **PARTICULARS** Qty. Amount 5% 12% 18% Amount Rate CODE No. 1 7215 5 450 2250 2250/ CMX) Bax 2 5664 7307 40 120 864 Stade 4800 3 4 5 7 8 9 10 11 12 13 14 15 16 17 18 INWARD **Total Amount** 7050/-Inward No: 17393 Add CGST 9% 432 Mode of Payment RN No: 100 830. Add SGST 9% Sign: Cash / Cheque / Cheque Nod By: 432 Total GST 864 SUMMI Total Amount 7914/-For AKSHAYA TRADERS Rupees inwords..... A. Suresh. eceiver's Signature **Proprietor**

08-12-2021 16:29:14

83425 09.12.21 3:16:08

From Company : Summit Sales LLP

5-4-187/3&4,II nd floor,MG Road, Secunderabad-500003.

G S T No.: 36ACQFS2044C1Z7

Supplier Details					
Akshaya Traders		Doc No	83425	169237	
6-4-392/1, New Bholakpur, Secunderbad GSTIN 36BFYPA0121A1Z3		Doc Date	08-12-2021		
		Quote No	Nil		
		Quote Date	01-09-2021		
9381004542	9959611144	SupplyType	Supply		

Kind Attn: A.Chandra Shekhar

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 9513 - Tools - Crowbar - other - nos	5.00	450.00	0.00	0.00	2,250.00
2 9570 - Tools - Spade with handle - NA - nos	40.00	120.00	0.00	18.00	5,664.00
	Total Order Value			7,914.00	

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

Summit Housing LLP

Cherlapally, Behind Kingston PG college, Hyderabad

Phone. 9618244433, Hamendra

Penality For Delay Ni

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 maintaince

purpose. Nil

Completion Date

Nil

Measurment Security

Nil

Remarks

Original invoice + copy of proof of delivery is required to process invoice for payment . Do not send original invoice to site. Original invoices must be sent to HO office or purchase site office. Proof of deli vary /DC can be sent by email.

For Summit Sales LLP

Authorised Signatory

Accepted the above Terms And Conditions

For Akshaya Traders

Name:

Name :

Date : __/__/___

Contact - -

Requisition Form

Company Name:	SUMMIT SAL	ES LLP	Date:		04-12-2021		
Site & Phase:	SUMMIT HOU	JSING LLP	Time:		15:00PM		
Supplier	ipplier		Req. No.		169237		
Material required before date:			ID No.		71874		
S.No Descr	ription	Size	Quantity Units Inward No		Date		
1 Recron	25		800	Nos			
2 PVC Drums			5	Nos	,		
3 Spacers all in one	83423	·	5000	Nos			
4 Plastic Blue Sheet		12x18	4320	sft			
5 Blue Sheet	8342	24x18	8640	sft			
Spade with Handle			40	Nos			
Helmets Staff & Visitors 83476			50	Bags			
8 Hacksaw Blade		Double	200	Nos			
Crow Bar	83425		5	Nos			
Remarks:For Stock Replenish	1						
repared By Bhavani		APPROVED BY					
Sign.& Date	04-12-2021		Sign & Date		0 6 DEC		

SOHAM MODI MANAGING DIRECTOR