PURCHASE DIVISION Advice for approval for credit to supplier





Date:		8/1	2/202	1		Prepared	by:	Mounika Saikira						
PO/WO no.		82	259	1		PO / WO	Date.		1/1lov	12021				
Supplier Name pre-ful		of soil	lary		PO/WO amount			3,188,83						
Firm/Comp	any	GVR				Project			Donopolis					
Sl. No.		Bill No.				Bill Date	;		Bill amount					
1		.ps/	21-5	2/72	-1	21	111/2	1021	3,149					
2								7.	/					
3														
4						•			/-					
Amount A	- Bills t	otal(Exclud	ing Transp	ort & Har	mali Charge	es):			3,189					
Sl. No.	DC .N	0		DC. Date	e		MRN N	Ño.	DC matches MRN					
1.							99	002	yYes □ No					
2.									□ Yes □ No					
3.									□ Yes □ No					
Amount B	Other (Credits : Tra	insportatio	n charges										
Amount C	Other 1	Debits:												
Amount D	(D=A+I	3-C) – Amo	unt to be c	redited to	the supplie	r:		3,189						
Amount E	PO / V	VO value:						3,189						
Amount F -	Differe	ence (A – E)): GST-189	V ₀		14			_					
Quantity rec	ceived a	s per PO /W	VO		✓ Yes □ Excess received □ Short received □ Other (explained below)									
Is difference	e betwe	en PO / Bill	acceptable	?	□ ¥es □ No (explained below)									
Excess / sho	ort mate	rial received	i		- Approv	Approved - within acceptable limits □ No (explained below)								
Close PO /	W?O				Yes of N	Yes □ No – wait for balance material □ No (explained below)								
Advance pa	id / PD	C given (dec	duct when	paying)	□ Yes – Rs. /- □ No									
Payment -	due date	;			13/12/2021									
Remarks:			fanal	Gull				,						
Approved	ved Purchase Purchase Officer Manager				rocurement Manager				Accountant	Accounts Manager				
Sign:	18	eiby	DA											
Date	8	1/2/2/	2V	2				e e						

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/-

Dated

GST INVOICE

Invoice No.

Praful Sanit	tary			Invoi	ce No.		Dat		
3-6-429/6,5	RI SAI TOWER,				21-22/ 721		4-N	lov-21	
St.No.4 HIM HYDERABA	AYAT NAGAR D				very Note				
GSTIN/UIN:	36ACWPG4864A1ZG			Invo	rence No. 8	& Data	Oth	er Refere	ences
State Name	: Telangana, Code : 36			Refe	rence No. 6	x Date.			, inces
E-Mail : praf Buyer (Bill to)	ulsanitary@gmail.com			Punce	er's Order N	0	Dat	edit	
	ch Center Pvt Ltd			822				lov-21	
5-4-187/3&4					atch Doc N	0.		ivery Not	e Date
	sion, M G Road			Invo		-,		lov-21	
Secunderab					atched thro	ugh		stination	
GSTIN/UIN	: 36AAHCG4562D1ZP			Self				urkapal	lv
State Name	: Telangana, Code : 36	5		3011				- Indian	
								To: of I	
SI	Description of	2*	HSN/SA		Quantity	Rate	per	Disc. %	Amount
No.	Goods and Services			Rate	-		+	-	
	F Coupler		3917	18 %		352.00	1	1	1,689.
	F Coupler		3917	18 %	6 No:	211.00	No:	20 %	1,012.
	No.							-	2,702
		A	.5						
		Output CGST							243.
:=		Output SGST ROUNDING OFF							243. 0.
		KOUNDING OFF						D. C.	U.
-									
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		ri e							
		5							
		at I							3
		Total			12 No:				₹ 3,189.
Amount Chargea	able (in words)				1	4			E. & C
	ees Three Thousand One	Hundred Eighty Nine	Only						
uan Rup	HSN/SAC	m.g.n.y mile		axable	Central	Tax	Sta	ite Tax	Total
	Homono			Value	Rate An	nount F	ate	Amoun	
3917				2,702.40		243.21	9%	243.	21 486
99					9%		9%		
99		Т	otal	2,702.40		243.21		243.	21 486
								,	
Tax Amount (in v	words): Indian Rupees Fou	ır Hundred Eighty Six	and Fo	orty Two	paise On	ıy		4	
								1/38	SHAND
								11.37	
								1 Charles	1/
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								11.	control plants somethern
O-m	AN ACWPG4864A	İ						fe	or Praful Sani
Company's P	AIN . ACTIF GROOM		N						
Declaration	hat this invoice shows the actu	ual price of the goods						Δ.	uthorised Signa
described an	d that all particulars are true a	ing correct.				\		AL	an onsea Signa
200011000 011		SUBJECT TO HYDERA							
	d .	This is a Comppter (Generated	Invoice	-	The state of the s			
	The state of the s	A STATE OF THE STA			155	SAM			
	1 19 37	/ARD			110	100	11		
	Inward No: 600	-1 Dt: 68/11/02/	-		S/ INV	VARD 10	11		
	Himmara Mr. Dog	C O TITLE		1	=1 01	1000	13		

MRN No: 9 9002 DE 9/11/21

Genome Vakey Research Contai Pvt. Ltd.

Received By:

01-11-2021 4:31:08 PM



From Company: **G V Reserch Centers Pvt Ltd**

5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Secunderabad-500003

G S T No.: 36AAHCG4562D1ZP

Supplier Details					
Praful Sanitary		Doc No	82259	164084	
3-6-138/5, Himayat Nagar, Hyde	rabad.	Doc Date	21		
	y	Quote No	NIL		
GSTIN 36ACWPG864A1ZG	40077300	Quote Date	30-10-2021 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 7393 - Plumbing - PVC - Coupling - Others - nos CF Couplers- 1 1/2"	6.00	352.00	20.00	18.00	1,993.73
2 7393 - Plumbing - PVC - Coupling - Others - nos CF Couplers- 1 1/4"	6.00	211.00	20.00	18.00	1,195.10
		3,188.83			

Rupees: Three Thousand One Hundred Eighty Eight and Paise Eighty Three Only.

Terms and Conditions :-

Specification /

CF Material

Payment Terms

After delivery

Included

Delivery Date

With in 2 days

Delivery Location

Innopolis

Sy no-542, Genome Valley, Thurkapally, Hyderabad, Telangana

Phone. Mr. Sanjay - 9502288244

Penality For Delay Nil

Transportation

Nil

Warranty

Nil

Advance Paid

Nil

Other Terms

We reserve the right to reject items not conforming to quality and specifications, above order is for Compound wall HDPE pipen jointing purpose.

Completion Date

Nil

Measurment

Nil

Security Remarks Nil Nil

For GV Reserch Centers Pvt Ltd

Authorised Signatory

Accepted the above Terms And Conditions For Praful Sanitary

Date : __/__/__

Requisition Form

Company Name:		GVRC		Date:		3	30.10.2021				
Sie & Phase: Innopoli				Time:		1	12:00PM				
Šupplier				Req. No.		1	164084				
Material required before date: 02.11.202			02.11.2021	ID No.			70764				
No	Des	scription		Size Quar		Units	Inward No	Date			
1	CF Couplers			1 1/2"	06	No's	24 352+	20%			
2	CF Couplers			1 1/4"	06	No's	211 +2				
3											
4		<u>u</u> =						74			
5		(0)									
6		47250									
7		80	(9)			,	-				
8											
9											
10											
Rema	arks: For compound wall I	HDPE Pipe j	ointing purpose								
Prepared By		Sanjay		Approved	by	4	Balanturali Kı 0.10.2021	rishna			
Sign.& Date 30.10			21	Sign. & Da	ate \	APP	0.10.2021				

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

1 NOV

P. PRABHAKAR MANAGER PURCHASE

Pra	ful Sanitary			Invoi	ce No.			Date	ed	
3-6	-429/6,SRI SAI TOWER,			PS/2	21-22/7	21		4-N	lov-21	
	No.4 HIMAYAT NAGAR			Deliv	ery Note	9				
	DERABAD TIN/UIN: 36ACWPG4864A1ZG			Invo)
Sta	te Name : Telangana, Code : 36			Refe	rence N	o. & Date.			er Refer	ences
	fail : prafulsanitary@gmail.com			Division	d- O-d-	- N-			dit	
	er (Bill to)				er's Orde	r No.		Date		
	Research Center Pvt Ltd -187/3&4, lind Floor			822	atch Do	o No	_		ivery No	te Date
	nam Mansion, M G Road					C INO.			lov-21	te Date
	cunderabad	Disp	atched t	hrough			stination			
	TIN/UIN : 36AAHCG4562D1ZP			Self		mougn			urkapal	
Sta	te Name : Telangana, Code : 36			Jen					пкара	,
0.0									1	
SI	Description of	HSN	/SAC	GST	Quanti	ty Rate	9	per	Disc. %	Amount
No.	Goods and Services	-		Rate			-	-(-		
1 !	50mm CF Coupler	3917	7	18 %	6 N	o: 352	.00	No:	20 %	1,689.60
2	40mm CF Coupler	3917	7	18 %	6 N	o: 211	.00	No:	20 %	1,012.80
		111								2,702.40
	0.44 0007									
	Output CGST Output SGST				180					243.21
	ROUNDING OFF									243.21 0.18
	ROUNDING OFF									0.16
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							- 1			
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			1							
		13.								
		180	10							
		39								
							1			
		11	-							
										X
	Total				12 N	o:				₹ 3,189.00
Amo	unt Chargeable (in words)									E. & O.E
'nd	ian Rupees Three Thousand One Hundred Eighty Nine	Only	y							
	HSN/SAC		Taxa			ral Tax			te Tax	Total
			Val		Rate	Amount 243.21	Ra		Amour 243	
391	7		2,70	02.40	9%	243.21		9%	243.	400.42
99					14%		1	4%		
33		Total	2,70	02.40		243.21			243.	.21 486.42
T	Amount (in words) : Indian Rupees Four Hundred Eighty Six	, and	Forty	Two	naise (Only		9	-	
Tax	Amount (in words) . Indian Rupees Four Fundied Lighty 3D	\ and	· Oity		puise (Jy			1	SAN
									1/4	SAN A
									1121	1211
									I C (H	MA THAGAT &
									11*	1 2011
		9.5	41						11.5	
Cor	npany's PAN : ACWPG4864A	125							A. C.	or Praful Sanitary
Decl	aration	WI 2/2								
We	declare that this invoice shows the actual price of the goods					1.			А	uthorised Signatory
des	cribed and that all particulars are true and correct. SUBJECT TO HYDER	ARAD	IIIRISD	ICTION						
	This is a Computer	Genera	ated Invo	oice						
	INWARD									
	Inward No: God 1 Dt: 68/11/02/									
	I Inward No: Local Dt: Ax MAZI									