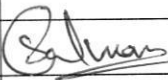
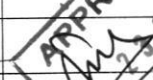


PURCHASE DIVISION
Advice for approval for credit to supplier

Date:		23/12/2021		Prepared by:		Salman	
PO/WO no.		82520		PO / WO Date.		9/11/2021	
Supplier Name		Emandi Enterprises		PO/WO amount		4,480/-	
Firm/Company		CV Research Centre		Project		Dunopols.	
Sl. No.	Bill No.	Bill Date		Bill amount			
1.	172	23/12/2021		5,286/-			
2.							
3.							
Amount A – Bills total(Excluding Transport & Hamali Charges):							
Sl. No.	DC No	DC. Date	MRN No.	DC matches MRN			
1.	172	23/12/2021	101064	☒ Yes ☐ No			
2.				☐ Yes ☐ No			
3.				☐ Yes ☐ No			
4.				☐ Yes ☐ No			
Amount B –Other Credits :_							
Amount C –Other Debits :_							
Amount D (D=A+B-C) – Amount to be credited to the supplier:							
5,286/-							
Amount E – PO / WO value:							
4,480/-							
Amount F – Difference (A – E):							
806/-							
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				27/12/2021			
Remarks:							
Approved by	Purchase Officer	Purchase Manager	Procurement Manager	MD	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:							
Date	23/12/21						

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. 5,000/-, Purchase Manager and Procurement Manager to approve all bills from 5,000/- 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/-



Plot No.179, H NO:29-1384/2/4/1, Road No.7, Deendayal Nagar, Neredmet, Malkajgiri, Hyd-56.
Email id's : emandienterprises@gmail.com, rahinidigitals@gmail.com, Cell : 9000753753.

Purchase Order

Page(s) 1 Of 1

11-11-2021 11:13:36

From Company : **G V Reserch Centers Pvt Ltd**
5-4-187/3&4, II nd Floor, Soham Mansion, MG Road, Secunderab
G S T No. : 36AAHCG4562D1ZP



82520

09.11.21 4:15:57

Supplier Details				
Emandi Enterprises Plot no. 179, H.no. 29-1384/2/4/1, road no.7, Deendayal nagae Neeredmat, Mallkajgiri GSTIN 36BBJPR6606L1Z4 9000753753		Doc No	82520	166814
		Doc Date	11-11-2021	
		Quote No	Nil	
		Quote Date	11-11-2021	
		SupplyType	Supply	

Kind Attn : Mr.Hari

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 7672 - Stationery - other - Board - NA - nos A0 size GV maps foam board	1.00	2,560.00	0.00	0.00	2,560.00
2 7672 - Stationery - other - Board - NA - nos A1 size Karkapatla & Ratnalayam maps foam board	1.00	1,280.00	0.00	0.00	1,280.00
3 7672 - Stationery - other - Board - NA - nos A3 size innopolis foam board	1.00	320.00	0.00	0.00	320.00
4 7672 - Stationery - other - Board - NA - nos A3 size Foam board	1.00	320.00	0.00	0.00	320.00
Total Order Value . . .					4,480.00
Rupees : Four Thousand Four Hundred Eighty Only.					

Terms and Conditions :-

Specification / Brand	Foam board
Payment Terms	After Delivery & Production of bill
Tax	Inclusive of all taxes
Delivery Date	6-11-2021
Delivery Location	Innopolis Sy no-542, Genome Valley, Thurkapally, Hyderabad, Telangana Phone. Mr. Sanjay - 9502288244
Penalty For Delay	Nil
Transportation Cost	Nil
Warranty	Nil
Advance Paid	Nil
Other Terms	We reserve the right to reject items not conforming to quality and specifications.
Completion Date	6-11-2021
Measurment	Nil
Security	Nil
Remarks	Nil

For **G V Reserch Centers Pvt Ltd**

Authorised Signatory

Accepted the above Terms And Conditions

For **Emandi Enterprises**Name : 
Contact - -

Name : _____

Date : __/__/__