PURCHASE DIVISION Advice for approval for credit to supplier

Date:		23 12 21			Prepared by:				Suche		
PO/WO no		83	87	3		PO / WO	Date.		32/12/21		
Supplier Na	ame	0.1	WAS	rld		PO/WO	mount		660-8	20/-	
Firm/Comp	Firm/Company Summit Sales			len	Project			HID			
Sl. No.		Bill No.				Bill Date			Bill amount		
1		22	30			22	12	2 1	660.8	0/-	
2			- 5				1 1		/		
3											
4											
Amount A	– Bills 1	otal(Excluding	g Transp	oort & Har	nali Charge	s):		,	660.8	0/-	
Sl. No.	DC .N	0		DC. Date			MRN	No.	DC matches MRN		
1.		-							✓ Yes □ No		
2.									□ Yes □ No		
3.		v							□ Yes □ No		
Amount B	-Other	Credits :_Trans	portation	on charges							
Amount B –Other Credits : Transportation charge Amount C –Other Debits :											
Amount D (D=A+B-C) – Amount to be credited to			the supplie	r:			660.80	0/-			
Amount E	- PO / V	WO value:							660.80	0/-	
Amount F	– Differ	ence (A – E):	GST-18	3%	4						
Quantity re	ceived	as per PO /WC)		Yes Excess received Short received Other (explained below)						
Amount E – PO / WO value: Amount F – Difference (A – E): GST-18% Quantity received as per PO /WO Is difference between PO / Bill acceptable?		le?	₽ Yes □ N	√o (expla	ined be	low)					
Amount C –Other Debits : Amount D (D=A+B-C) – Amount to be credited Amount E – PO / WO value: Amount F – Difference (A – E): GST-18% Quantity received as per PO /WO			☐ Approved – within acceptable limits ☐ No (explained					elow)			
Close PO /	W?O				✓ Yes □ No – wait for balance material □ No (explained below)						
Advance pa	aid / PD	C given (dedu	ct when	paying)	□ Yes – Rs/- □ No						
Payment – due date					27/12/21						
Remarks:					1						
					X						
Approve by	d	Purchase Officer	Purch		roement Manager	EU N	D	Accounts – receiver of	Accountant	Accounts	
Sign:	-	2		9		121	Care and a second	bill		Manager	
Date		neps		4	7 DEC 20						
Date	2	3/12/21		MANAGE	ISH PAR	DEMEN.		•			

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/-

-M/s. VIVID WORLD

A Complete Solution for all your cartridge needs

Flat No. 503, G2 Block, Indu Aranaya Pallavi Apts., Bandlaguda, Nagole, Hyderabad – 500 068, Telangana State. Tel: +91-9246215868

GSTIN: 36AVTPS1528D1ZB

				ΓΑΣ	X INV	VOIC	\mathbf{E}						
Invoice No.: 2238						Transpo	rt Mode :						
Invoice Date :2	22/12/2021					Vehicle Number :							
Reverse Charg	e (Y/N):					Date of Supply :							
State : TELANO	GANA	Code	9	36	5								
Bill to Party								S	hip to Pa	rty			
Address: M/S. SUMMIT SALES LLP,, 5-4-187/3&4, 2 ND FLOOR, SOHAM MANSION, MG RD, SECBAD.						GATE PA	ASS NO:66	08					
GST: 36ACQFS2044C1Z7						GSTIN:							
State : TELANGANA Co						State :			K 30 3			Code	
Pr	oduct Description	HSN Code	U O M	Qty.	Rate	Amount	TAXABLE VALUE	CGST		\$	SGST	TOTAL	
								RATE	AMT	RATE	AMT		
HP 12A LASER T	ONER REFILLING	3707		02	230.00	460.00	82.80	9%	41.40	9%	41.40	542.80	
HP 12A LASER TO	ONER BLADE	8443		01	100.00	100.00	18.00	9%	9.00	9%	9.00	118.00	
M. M	Notived By: Sign MODIPROPER		A CONTRACTOR OF THE PROPERTY O									,	
-						560.00	100.80				<u></u>	660.90	
		//	A	TS	ACA	000.00	130.00					560.00	
RS. SIX HUNDRI	ED SIXTY AND EIGHTY PA	ISE ONLY	1	NWA	RD ON	· ·	ADD:CGST 9%					50.40	
(RS.660.80)		00	No:	e:23	12/5		ADD: SGST 9%				50.40		
* Sign: *						Total Amount After Tax					660.80		
			10	7. D	13				9				
	Bank Details						Ce	tified that	the particular	s given abo	ove are true	and correct	
Bank Name	: INDIAN BANK			r					For VI	ID WO	RLD		
Branch	: Narayanguda Branch			C)				15/	100			
Bank A/C	: 406746378			21					11=1		103		
Bank IFSC	: IDIB000N015	-		Com	mon Seal				Authori	zed Sign	atory		
Bank IFSC : IDIB000N015 Common Seal					Alarey &								

Purchase Order

•						
P	ag	e	(s)	1	Of	1

23-12-2021 15:00:07



From Company: Summit Sales LLP

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

G S T No.: 36ACQFS2044C1Z7

5:35:00

Supplier Details					
Vivid World		Doc No	83878	183339	
204, Kubera Towers, Naraya	naguda, Hyderabad.	Doc Date	22-12-2021		
		Quote No	Nil		
GSTIN 36AVTPS1528D1ZB		Quote Date	22-12-202	21	
6682-3161/6682-3171	92462-15868	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	2.00	230.00	0.00	18.00	542.80
2 3530 - Computers and Peripherals - Toner Magnet - Other - nos Blade	1.00	100.00	0.00	18.00	118.00
£		Total Or	der Value	e	660.80

Rupees: Six Hundred Sixty and Paise Eighty 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

Head Office

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

Phone. 040-66335551

Penality 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 HO Purpose.

Completion Date

Measurment

Nil

Security 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 delivery /DC can be sent by email.

For Summit Sale Authorised Signatory Name:

Accepted the above Terms And Conditions

For Vivid World

ne:	
	Date : / /

Requisition Form

Com	pany Name:	Summit S	Summit Sales LLP					22-12-2021		
Site d	& Phase :	Head Office			Time:					
Supp	lier				Req. N	o.	183339			
Material required before date:				-	ID No.			183339		
No	Descr	S		ze	Quantity	Units	Inward No	Date		
1	12A toner refilling	12A toner refilling					No		12	
2	12A toner blade	12A toner blade					No			
3					1					
4		83878 AMPRO								
5	8	20		- 202	1					
6	12.7		270	C The						
7			NI S	APAR	DENT	<u>IT</u>				
8			MANAGER MANAGER	PROG	A STATE OF THE PARTY OF THE PAR					
9			W.F.							
10	Į.									
Rem	arks: This is for Head OFfic	ee								
Prepared By Suneel					Appro	ved by				
Sign.& Date 22-12-2021					Sign. & Date					
Note	e: On receipt of material at s	ite write in	ward number and	d date in	last 2 d	columns.				

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