PURCHASE DIVISION Advice for approval for credit to supplier



Date:		21	12/21			Prepared by:				e	
PO/WO no		,	3807	1		PO / WO	Date.		17/1/21		
Supplier Na	ame		id we	orla		PO/WO amount			389,401-		
Firm/Comp	any	3		,		Project			Ho		
Sl. No.		Bill No.				Bill Dat	9		Bill amount		
1		2	235			17	12/3	2)	389	-	
2									1		
3											
4											
Amount A	– Bills	total(Exclu	iding Transp	port & Har	nali Charg	ges):			3891		
Sl. No.	DC .N	О		DC. Date	2		MRN	No.	DC matches M	RN	
1.		\			1		1	· ·	UPYes □ No		
2.							1		□ Yes □ No		
3.									□ Yes □ No		
Amount B	-Other	Credits :_7	ransportation	on charges			1		-		
Amount C	-Other	Debits:							-		
Amount D	(D=A+	B-C) – Ar	nount to be	credited to	the suppl	ier:			3891	_	
Amount E	- PO / V	WO value:							3891		
Amount F	- Differ	ence (A -	E): GST-18	3%					2011		
Quantity re	ceived	as per PO	/WO	\	Yes 🗆	Excess re	ceived	□ Short received	d Other (explain	ned below)	
Is difference	e betwe	en PO / B	ill acceptab	le?	□ Yes □	No (expl	ained be	tow)			
Excess / sh	ort mate	erial receiv	red		□ Appro	oved - wit	hin acce	ptable limits	No (explained be	elow)	
Close PO /	W?O				□Yes □	No – wai	t for bal	ance material	No (explained b	elow)	
Advance pa	aid / PD	C given (leduct when	paying)	□ Yes –	Rs.	No				
Payment – due date					241.20						
Remarks:					C	XTII	121				
Approve by	d	Purchase Officer	Purch		rocureme		1 D	Accounts -	Accountant	Accounts	
Sign:	-	Jinou	Mana	gel	Manager			receiver of bill		Manager	
Date	7	long	1								
Notes: 1.7	2	1)2/2	10	12							

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

			,	Γ A 2	X IN	VOIC	E					
Invoice No. :	: 2235	Transport Mode :										
Invoice Date :17/12/2021							Number:				*	
Reverse Cha						Date of	Supply:					
State : TELA		Cod	е	3	6							
	Bill to Party							S	hip to Pa	irtv		
Address: M, 5-4-187/3&4	RD, SI	ECBAD.	GATE PASS NO:604									
GST: 36A	CQFS2044C1Z7					GSTIN:						
State : TELA	NGANA			Co de		State: Co					Code	
	Product Description	HSN Code	U O M	Qty.	Rate	Amount	TAXABLE VALUE	CGS	Т		SGST	TOTAL
			IVI					RATE	AMT	RATE	AMT	
HP 12A LASER	TONER REFILLING	3707		01	230.00	230.00	41.40	9%	20.70	9%	20.70	271.40
HP 12A LASER	TONER PCR	8443		01	100.00	100.00	18.00	9%	9.00	9%	9.00	118.00
			T									
	IN	WARD	-		7							
-	Inward No: 6	45 Di	A. STREET,	tish								
	MRN No:	DE	14	MY	1							
	Received By:	1310	1./	7	-11							
	The state of the s	name of the same o	1	J								
	MUNIP	R P	TIE	S						-	-	-
			Contract of the last		ك							
			+									
			+									
K									7104			
						330.00	59.40				-	389.40
RS THREE HI	UNDRED EIGHTY NINE AND	FORTY PA	ICE	ONI	511	100						330.00
	MARKED EIGHT I MINE AND	POKI I PA	MSE	UNL S	288	56 /51	ADD :CGST	9%				29.70
(RS.389.40)				0	Date: Lo	12 0	ADD: SGST 9%					29.70
				1/4/	Sign:	tu/*//	Total Amour	nt After Tax				
				11	13	/ 1/1/						389.40
				1	7. A. D	6)						389.40
	Bank Details				9.0		Cert	ified that th	ne particulare	Piven aho	ve are true a	
Bank Name	Bank Details : INDIAN BANk	-		0	7.9.0		Cert	ified that th	e particulars	10	11	
	: INDIAN BANK			0	7.9.0		Cert	ified that th	For VIV	10	11	
Bank Name Branch Bank A/C	: INDIAN BANk : Narayanguda Branch			(D)	7.0		Cert	ified that th		10	11	
	: INDIAN BANK			(D)	on Seal		Cert			ID WOI	RLD	

Purchase Order

Page	(s)	1 Of 1	i
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21-12-2021 15:52:07

Div.Copy

From Company: Summit Sales LLP

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

G S T No.: 36ACQFS2044C1Z7

Supp	lier	Detai	ls
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Vivid World

204, Kubera Towers, Narayanaguda, Hyderabad.

Doc No 83807 183333 **Doc Date** 17-12-2021

Quote No Nil

Quote Date 17-12-2021

SupplyType Supply

GSTIN 36AVTPS1528D1ZB

6682-3161/6682-3171

92462-15868

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	1.00	230.00	0.00	18.00	271.40
2 3530 - Computers and Peripherals - Toner Magnet - Other - nos PCR	1.00	100.00	0.00	18.00	118.00
		Total O	der Value	e	389.40

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

Name:

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

Nil

Measurment

Nil 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 Sales Authorised Signatory Name:

Accepted the above Terms And Conditions

For Vivid World

Date : __/_/__

Requisition Form

	1		1/(quisit	1011 1.01	111			
Company Name: Summit Sales LLP			•	Date:		17-12-2021			
Site	& Phase :	Head Office			Time:				
Supp	lier				Req. N	lo.		183333	
Mate	rial required before date:				ID No			72210	
No	Descr	iption		Si	ize	Quantity	Units	Inward No	Date
1	12A toner refilling					1	No		
2	12A toner PCR					1	No		
3				1					
4	=		1		1				
5	8	380	7		PROV	EU			
6	0			AM	y Re				
7						4603			
8				2	7 00	DARIK'H CHA			
9				14	INISH	ROCUPELLE			
10				MAN	AGER	PARIKH			
Rema	arks: This is for Head Offic	e							
Prepa	ared By	Suneel			Approv	ved by			
Sign.& Date 17-12-2021			21		Sign. &	Date			
Note:	On receipt of material at si	te write inw	ard number and	date in	last 2 co	olumns.			

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