

PURCHASE DIVISION
Advice for approval for credit to supplier

(E)

Date:		21/12/21		Prepared by:		Monika	
PO/WO no.		83807		PO / WO Date.		17/12/21	
Supplier Name		vivid world		PO/WO amount		389.40/-	
Firm/Company		SSLHP		Project		H0	
Sl. No.	Bill No.	Bill Date		Bill amount			
1	2235	17/12/21		389/-			
2							
3							
4							
Amount A – Bills total(Excluding Transport & Hamali Charges):						389/-	
Sl. No.	DC .No	DC. Date	MRN No.	DC matches MRN			
1.				☒ Yes ☐ No			
2.				☐ Yes ☐ No			
3.				☐ Yes ☐ No			
Amount B –Other Credits :_Transportation charges						-	
Amount C –Other Debits :						-	
Amount D (D=A+B-C) – Amount to be credited to the supplier:						389/-	
Amount E – PO / WO value:						389/-	
Amount F – Difference (A – E): GST-18%						-	
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			27/12/21				
Remarks:							
Approved by	Purchase Officer	Purchase Manager	Procurement Manager	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:							
Date	21/12/21	21/12					

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

TAX INVOICE

[illegible]

Purchase Order

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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

Supplier Details

Vivid World
204, Kubera Towers, Narayanaguda, Hyderabad.

GSTIN 36AVTPS1528D1ZB

6682-3161/ 6682-3171

92462-15868

Doc No	83807	183333
Doc Date	17-12-2021	
Quote No	Nil	
Quote Date	17-12-2021	
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	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 Order Value . . .					389.40

Rupees : Three Hundred Eighty Nine and Paise Fourty 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

Penalty 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

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 delivery /DC can be sent by email.

For **Summit Sales LLP**

Authorised Signatory

Name : _____

Accepted the above Terms And Conditions

For **Vivid World**

Name : _____

Date : ____/____/____

Requisition Form

Company Name:		Summit Sales LLP		Date:		17-12-2021	
Site & Phase :		Head Office		Time:			
Supplier				Req. No.		183333	
Material required before date:					ID No.		72210
No	Description	Size	Quantity	Units	Inward No	Date	
1	12A toner refilling		1	No			
2	12A toner PCR		1	No			
3							
4							
5							
6							
7							
8							
9							
10							
83807 APPROVED 27 DEC 2021 MINISH PARIKH MANAGER PROCUREMENT							
Remarks: This is for Head Office							
Prepared By		Suneel		Approved by			
Sign. & Date		17-12-2021		Sign. & Date			

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