PURCHASE DIVISION Advice for approval for credit to supplier

Date:			4/1/2	2	Prepared	by:		de	20		
PO/WO no			7/1/0	87711	PO/WC	Date.		18/12/20			
Supplier Na	ame	Carne	L In Be	11. 10	PO/WO amount			32941			
Firm/Comp	any	Ham.	CSI	18	Project			Sh N	- 10 / -		
Sl. No.		Bill No.			Bill Date			Bill amount			
1			512		29/12/2			726	: 1. 1		
2						X I(I	7.7	37 1901			
3					-		***************************************		/		
4								/:			
Amount A	- Bills t	otal(Excludin	g Transport & F	Iamali Char	ges):			37941			
Sl. No.	DC .N	0	DC. D	ate		MRN N	lo.	DC matches MRN			
1.						10	r 514	□ Yes □ No			
2.						(0		□ Yes □ No			
3.							□ Yes □ No				
Amount B -Other Credits: Transportation charges			es								
Amount C	-Other	Debits:						_			
Amount D	(D=A+)	B-C) - Amou	nt to be credited	to the suppl	ier:		38,940-				
Amount E	-PO/V	WO value:							38,5401-		
Amount F	- Differ	ence $(A - E)$:	GST-18%						`		
Quantity re	ceived	as per PO /Wo)	Yes C	Yes Excess received Short received Other (explained below						
Is difference	e betwe	en PO / Bill a	cceptable?	□ Yes □	□ Yes □ No (explained below) #						
Excess / sh	ort mate	rial received			□ Approved – within acceptable limits □ No (explained below)						
Close PO /	W?O			2 Yes	No - wai	for bala	nce material 🗆	No (explained be	elow)		
Advance p	aid / PD	C given (ded	uct when paying) □ Yes-	- Rs <u>. /</u>	- DNo					
Payment -	due dat	e			,	4/1/	W		and the same of th		
Remarks:		•	Anna Addison State of the State	\ \		, (
				V							
Approve	ed	Purchase Officer	Purchase Manager	Procurem Manage	r	M D	Accounts - receiver of bill	Accountant	Accounts Manager		
Sign:		12		07 JAN	2024						
)ate			A	UNISH PA	~ 1 1 5 1 5 6 L N	7	tal manages II	/ for debit or cre	lit 2 Attach		

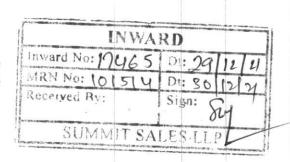
otes: 1. In case amount to be credited to supplier and the bills total does not match prepare JV for debit or credit. 2. Attach ditional sheets if quantity of bills or DCs is more than the space provided. Clearly mark the space provided with 'see achment'. 3. Purchase Officer can approve Pos/Wos upto Rs. 10,000/-, Purchase Manager or Procurement Manager to approve 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 the provided by accounts manager if bill value avoided Bottom of the provided in Amount B. 6. To be approved by accounts manager if bill value avoided Bottom of the provided in Amount B. 6. To be approved by accounts manager if bill value avoided Bottom of the provided in Amount B. 6. To be approved by accounts manager if bill value avoided Bottom of the provided in Amount B. 6. To be approved by accounts manager if bill value avoided Bottom of the provided in Amount B. 6. To be approved by accounts manager if bill value avoided Bottom of the provided in Amount B. 6. To be approved by accounts manager if bill value avoided Bottom of the provided in Amount B. 6. To be approved by accounts manager if bill value avoided B. asport, Hamali charges, etc and astead include in Amount B. 6. To be approved by accounts manager if bill value exceeds Rs. 000/- 7. MD to approve all bilis above 1,00,000/-



Bill To Invoice No. 557 SUMMIT SALES LLP 5-4-187/3&4, 2 Nd Floor, Mg Road., Secunderabad Ref. No. 83711 36ACQFS2044C1Z7 Invoice Date 29-Dec-2021 Telangana Destination Ship To SUMMIT SALES LLP Vehicle No. 5-4-187/3&4, 2 Nd Floor, Mg Road,, Secunderabad E-way Bill No 36ACQFS2044C1Z7 Desnatch From

Telanga	na				D	espatch From	11 .		
SI No	Description of Goods		HSN/SAC	GST Rate	Quantity	Rate	per	Disc. %	Amount
1 ARALDITE 500GMS		350699	18 %	60 NO	550.00	NO		33,000.00	
		CGST SGST							2,970.00 2,970.00

102463647US





	Tot	al: 38,940.00
Total Amount In Words:	INR Thirty Eight Thousand Nine Hundred Forty Only	/

HSN/SAC	Taxable		Central Tax		ate Tax	Total	
	Value	Rate	Amount	Rate	Amount	Tax Amount	
350699	33,000.00	9%	2,970.00	9%	2,970.00		
Total	33,000.00		2,970.00		2,970.00	5,940.00	

Tax Amount (in words): INR Five Thousand Nine Hundred Forty Only

Company's Bank Details

Bank Name : HDFC BANK

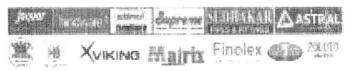
A/c No. : 502

50200014835551

Branch & IFS Code: PG ROAD, SEC-BAD & HDFC0000042

Declaration

We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct





5-2-270, PLOT NO. 29, HYDERBASTI. RANIGUNJ , SECUNDERABAD-3 TELANGANA PIN 500003

Ph.: 04066568587 9246330441 Email: ganeshtubetraders@gmail.com

Purchase Order

Page(s) 1 Of 1

18-12-2021 11:33:10

83711 15.12.21 11.29.55

rrom Company:

Summit Sales LLP

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

G S T No.: 36ACQFS2044C1Z7

Supplier Details					
Ganesh Tube Traders		Doc No	83711	169258	
5-1-373/11, old Ghasmandi, R	Doc Date	18-12-2021			
		Quote No	Nil		
GSTIN 36ADBPJ8881C1ZJ	66568587/ 66384751	Quote Date	18-12-2021		
9246330441.	9949248666		SupplyType	Supply	

Kind Attn: Sandeep Jain

Purchase Order for the Supply of following Items.

1,100,00	0.00		
1/200.00	0.00	18.00	38,940.00
Total O	rder Valu	e/	38,940.00
	Total O	Total Order Valu	Total Order Value

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

Next Day.

Delivery Location

Summit Housing LLP

Cherlapally, Behind Kingston PG college, Hyderabad

Phone. 9618244433, Hamendra

Penality For Delay Nil

Transportation

Transport cost shall be borne by us.

Warranty

Nil

Advance Paid

Nil

Other Terms

Measurment

We reserve the right to reject items not conforming to quality and specifications. Final payment as per actual

weighment. Above order for Stock purpose.

Completion Date

Nil

Security

Niil

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 deli vary /DC can be sent by email.

For Summit Sales LLP

Accepted the above Terms And Conditions

Authorised Signatory

For Ganesh Tube Traders

Name :

Name :

Date : __/__/__

157

Requisition Form

Company Name:		SUMMIT SALES LLP		Date:		10-12-2021		
Site & Phase:		SUMMIT HOUSING LLP		Time:		11:00PM		
Suppli	er			Reg. No.		169258		
Material required before date:				ID No.		72178		
S.No	Descripti	on	Size	Quantity	Units	Inward No	Date	
1	Bonding Agent-RBR-Roff Brand		5ltrs	5	Ltrs			
2	Tile Adhesive Roff Brand 93710		20kgs	20	Bags		J. J	
3	Tile Grout-Silk		lkg	60	Kgs			
4	Tile Grout-White		1kg	60	Kgs			
5	Araldite	83711	1kg	30	Kgs			
Rema	rks: For Stock Replenishing							
Prepared By		Bhavani				S		
Sign.& Date		10-12-2021	-12-2021		Je V	PROVED	and the same of th	

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

PRABHAKAR SI MANAGER PURCHASE