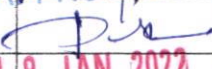


PURCHASE DIVISION
Advice for approval for credit to supplier

Date: 17/1/22		Prepared by: Hemanta		Serial no.	
Supplier name: Prajwal Sanitary		HO inward no. 1182		322	
Firm/Company: SSCP		Project: SSCP		HO received date: 14/1/22	
PO/WO date: 11/1/22		PO/WO No. 84441		Scan ID.	
Sl no.	Bill no.	Bill date	Bill amount	Original attached	
1.	938	11/1/22	9,204/-	☒ Yes ☐ No	
2.			-	☐ Yes ☐ No	
3.			-	☐ Yes ☐ No	
4.			-	☐ Yes ☐ No	
Amount A – Bills total (Excluding Transport & Hamali Charges):				9,204/-	
Proof of delivery by way of: ☒ DCs/bill ☐ Steel report ☐ RMC pour report ☐ Solid block report ☐ Installation report					
MRN nos.: 102300		Proof of delivery matches MRN		☒ 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:				9,204/-	
Amount E – PO / WO value:				9,204/-	
Amount F – Difference (A – E):				-	
Quantity received as per PO /WO		☒ Yes ☐ Excess received ☐ Short received ☐ Part received			
Close PO / WO		☒ Yes ☐ No – wait for balance material ☐ Other			
Payment – due date		24/1/22			
Remarks:					
Approved by	Purchase Officer	Purchase Manager	MD	Accountant	Accounts Manager
Name:	Hemanta	P. S. Prasad			
Sign:					
Date	17/1/22	18 JAN 2022			
Approval limit	Upto 20k	Above 20k	Above 100k	Upto 20k	Above 20k

Notes: 1. In case amount to be credited to supplier and the bills total does not match, accountants to prepare JV for debit or credit. 2. This set should only have 5 documents i.e., advice to credit to supplier, original bill, proof of delivery, original purchase order with barcode, original requisition. 3. Do not attach additional documents like weighment slips, RMC batch reports, duplicate documents, Eway bills, test reports, etc. 4. In Amount A, exclude transport, Hamali charges, etc., and instead include in Amount B. 5. This report must reach HO within one working day of approval by purchase officer/purchase manager.

(ORIGINAL FOR RECIPIENT)

3-6-429/6, SRI SAI TOWER,
St.No.4 HIMAYAT NAGAR
HYDERABAD
GSTIN/UIN: 36ACWPG4864A1ZG
State Name : Telangana, Code : 36
E-Mail : prafulsanitary@gmail.com

State Name : Telangana, Code : 36

Self

Destination
Cheltenham



E. & O.E

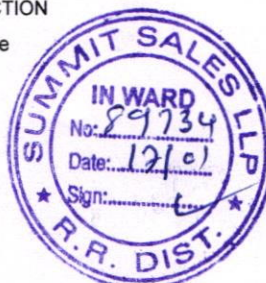
Tax Amount (in words) : **Indian Rupees One Thousand Four Hundred Four Only**

Authorized Signatory

This is a Computer Generated Invoice

This is a Copy

INWARD	
Inward No: 17534	Dt: 14/01/22
MRN No: 102300	Dt: 14/01/22
Received By:	Sign: 
SUMMIT SALES LLP	



Purchase Order

Page(s) 1 Of 1

11-01-2022 15:49:30



84441

08.01.22 11:42:54

From Company : **Summit Sales LLP**
5-4-187/3&4, II nd floor, MG Road, Secunderabad-500003.
G S T No. : 36ACQFS2044C1Z7

Supplier Details

Praful Sanitary
3-6-138/5, Himayat Nagar, Hyderabad.

GSTIN 36ACWPG864A1ZG
65526886.

40077300
9849624797

Doc No	84441	169332
Doc Date	11-01-2022	
Quote No	Nil	
Quote Date	11-01-2022	
SupplyType	Supply	

Kind Attn : Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 6046 - Miscellaneous - Teflon tapes - NA - nos	500.00	26.00	40.00	18.00	9,204.00
Total Order Value . . .					9,204.00

Rupees : Nine Thousand Two Hundred Four Only.

Terms and Conditions :-

Specification / All items shall be of Sudhkhar brand

Payment Terms After Delivery & Production of bill

Tax Inclusive of all taxes

Delivery Date Next Day.

Delivery Location Summit Housing LLP
Cherlapally, Behind Kingston PG college, Hyderabad
Phone. 9618244433, Hamendra

Penalty For Delay Nil

Transportation Included in the above price.

Warranty Nil

Advance Paid Nil

Other Terms We reserve the right to reject items not conforming to quality and specifications. Above order for stock replenishing 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 invoice 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

Accepted the above Terms And Conditions

For **Praful Sanitary**Name : 

Name : _____

Date : __/__/__

Requisition Form

Company Name:		SUMMIT SALES LLP		Date:		31-12-2021	
Site & Phase :		SUMMIT HOUSING LLP		Time:		11:00PM	
Supplier				Req. No.		169332	
Material required before date:				ID No.		72846	
S.No	Description	Size	Quantity	Units	Inward No	Date	
1	Armond Board		25	Nos			
2	Teflan tape 84441		500	Nos			
3	Gova Rope		60	Nos			
4	Blue sheet	24x18	10	Nos			
5	Spade with handle 84438		20	Nos			
Remarks: For Stock Replenishing Purpose							
Prepared By		Vanajakshi					
Sign. & Date		31-12-2021		Sign. & Date			

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

