1050

PURCHASE DIVISION Advice for approval for credit to supplier

Date:		12/1/22			2	Prepared by:			Ho do		
PO/WO no.					32	PO / WO Date.			27/2/2		
Supplier Name Profit Sam		: 100		PO/WO amount			(2) T12+				
Firm/Comp	any	1/0 /10	, 1	Project			S 1 1 2 =				
Sl. No. Bill No.						Bill Dat	e		Bill amount		
1				909		[] [] 22			46,024		
2				10 1			11/00		701029		
3			<u> </u>								
4		-									
Amount A	- Bills t	otal(Excludi	ng Transp	ort & Har	nali Charg	nali Charges):			46,0245		
SI. No.	DC .N	0		DC. Date	C. Date			No.	DC matches MRN		
1.			_	_			101887		Yes 🗆 No		
2.		***************************************					1 10	(00)	□ Yes □ No		
3.									□ Yes □ No		
Amount B -Other Credits: Transportation charges							1				
Amount C - Other Debits:						-					
Amount D	(D=A+I	3-C) – Amoi	unt to be o	credited to	the suppli	er:			44	1241-	
Amount D (D=A+B-C) – Amount to be credited to Amount E – PO / WO value:				4				58 5131-			
Amount F	- Differe	ence (A – E)	: GST-18	%					12	4291	
Quantity re	ount F – Difference (A – E): GST-18%			1 1 1 6 11							
Is difference	e betwe	Difference (A – E): GST-18% 2									
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					21/1/22						
Remarks:							u				
			They								
Approve by	1	Purchase Officer	Purcha Mana		rocuremen Manager	nt 1	M D	Accounts – receiver of bill	Accountant	Accounts Manager	
Sign:		A.	1 Park	VED	-						
Date			A	N 2022							

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 TV, 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/-

Praful Sanitary Invoice No. Dated 3-6-429/6.SR! SAI TOWER. PS/21-22/ 909 5-Jan-22 St.No.4 HIMAYAT NAGAR **Delivery Note HYDERABAD** Invoice GSTIN/UIN: 36ACWPG4864A1ZG Reference No. & Date. State Name: Telangana, Code: 36 Other References E-Mail: prafulsanitary@gmail.com Credit Buyer (Bill to) Buyer's Order No. Dated **Summit Sales LLP** 83932 27-Dec-21 5-4-187/3&4, IInd Floor, M.G Road Dispatch Doc No. Delivery Note Date Secunderabad Invoice 5-Jan-22 GSTIN/LIIN 36ACQFS2044C1Z7 Dispatched through Destination State Name : Telangana, Code: 36 Self Cherlapally SI Description of HSN/SAC GST Quantity Rate per Disc. % Amount No. Goods and Services Rate 1 **CP Bottle Trap** 8481 18 % 876.00 43 No: No: 25 % 28,251.00 2 50mm Extension Nipple 8481 18 % 50 No: 62.00 40 % No: 1.860.00 3 **Waste Coupling Half Thread** 8481 18 % 275.00 No: 30 % 25 No: 4,812.50 15mm Brass Ball Cock Set 4 8481 18 % 10 No: 600.00 No: 32 % 4,080.00 39,003.50 **Output CGST** 3,510.32 **Output SGST** 3,510.32 Less: **ROUNDING OFF** (-)0.14Total 128 No: ₹ 46,024.00 Amount Chargeable (in words) F & O F Indian Rupees Forty Six Thousand Twenty Four Only HSN/SAC Taxable Central Tax State Tax Total Value Rate Amount Rate Amount Tax Amount 39,003.50 9% 3,510.32 9% 3,510.32 7,020.64 8481 99 9% 9% 99 14% 14% Total 39,003.50 3,510.32 3,510.32 7,020.64 Tax Amount (in words): Indian Rupees Seven Thousand Twenty and Sixty Four paise Only SAN

Company's PAN

: ACWPG4864A

Declaration

We declare that this invoice shows the actual price of the goods

described and that all particulars are true and correct.

SUBJECT TO HYDERABAD JURISDICTION

This is a Computer Generated Invoice NWARD 01 Di: 17500 Inward No: Dt: 10 MRN No: [01882 Sign: Si Received Ry: SUMMIT SALES LUP



Authorised Signatory

Page(s) 1 Of 1

29-12-2021 15:50:59

From Company:

Summit Sales LLP

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

G S T No.: 36ACQFS2044C1Z7

5:35:32

Supplier Details				
Praful Sanitary	Doc No	83932	169296	
3-6-138/5, Himayat Nagar, Hyd	Doc Date	27-12-2021		
S 8	Quote No	Nil		
GSTIN 36ACWPG864A1ZG	40077300	Quote Date 27-12-2021		21
65526886.	9849624797	SupplyType	Supply	

Kind Attn: Mr. Ashish Gupta

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 10043 - Plumbing - CP - Bottel trap - NA - nos	50.00	876.00	25.00	18.00	38,763.00
2 7041 - Plumbing - CP - Sq. Jali without hole - 6 In x6 In - nos	50.00	190.00	37.00	18.00	7,062.30
3 7026 - Plumbing - CP - Extension Nipple - 1/2 In - nos	50.00	62.00	40.00	18.00	2,194.80
4 7047 - Plumbing - CP - Waste coupling - 1/2 thread - nos	25.00	275.00	30.00	18.00	5,678.75
5 7049 - Plumbing - GI - Ball Cock - 1/2 In - nos	10.00	600.00	32.00	18.00	4,814.40
		Total Order Value			58,513.25

Rupees: Fifty Eight Thousand Five Hundred Thirteen and Paise Twenty Five Only 51-12 46,024/s

Terms and Conditions :-

Specification /

All items shall be of 'Hindware' brand, Classic series

Payment Terms

Within 30 days of delivery.

Tax

All taxes included in above price.

Delivery Date

Within 3 days

Delivery Location

Summit Housing LLP

Cherlapally, Behind Kingston PG college, Hyderabad

Phone. 9618244433, Hamendra

Penality For Delay Nil

Transportation

Included by us !

Warranty

7 years warranty

Advance Paid

Other Terms

We reserve the right to reject items not conforming to quality and specifications. Above order for stock maintain

Partail

purpose.

Completion Date

Nil

Measurment 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 deli vary /DC can be sent by email.

Authorised Signator

Accepted the above Terms And Conditions

For **Praful Sanitary**

Date : __/__/__

Requisition Form

Je e Sha

Company Name:		SUMMIT SALES LLP		Date:		24-12-2021			
Site & Phase : SUMMIT		SUMMIT HOUSIN	T HOUSING LLP		Time:		11:00PM		
Supplier .				Req. No.		169296			
Material required before date:				ID No.		72391			
S.No	Descripti	on	Size	Quantity	Units	Inward No	Date		
	CP Sink Cock With Swiv	rel Spout 8393)		15	Nos				
2-	CP Bottle Trap		50	Nos					
3-	CP double Square Jali			50	Nos				
4	CP Extension Nipple	83932	1/2"x1"	50	Nos				
5	CP Wash Basin Waste Coupling			25	Nos				
5	GI Ball Cock		1/2"	10	Nos				
2	CP Health Faucet			10	Nos				
Remark	s: For Stock Replenishing	g purpose					5 536		
Prepared By		Vanajakshi				APPROVE	DEN		
Sign.& Date		24-12-2021		Sign. & Date		2 7 DEC 2021			
Note: (Note: On receipt of material at site write inward number and date in last 2 columns.						SCHAMMODI		

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

SCHAM MODI MANAGING DIRECTOR