

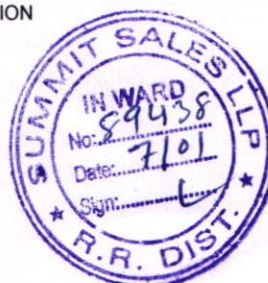
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PURCHASE DIVISION
Advice for approval for credit to supplier

Date:	12/1/22		Prepared by:	H. de			
PO/WO no.	83932		PO / WO Date.	27/12/21			
Supplier Name	Pepul Sanitary		PO/WO amount	58,513/-			
Firm/Company	SSUP		Project	Shup			
Sl. No.	Bill No.	Bill Date	Bill amount				
1	909	5/1/22	46,024/-				
2							
3							
4							
Amount A – Bills total(Excluding Transport & Hamali Charges):				46,024/-			
Sl. No.	DC .No	DC. Date	MRN No.	DC matches MRN			
1.	-	-	101887	☒ 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:				46,024/-			
Amount E – PO / WO value:				58,513/-			
Amount F – Difference (A – E): GST-18%				12,489/-			
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		21/1/22					
Remarks: Part Bill							
Approved by	Purchase Officer	Purchase Manager	Procurement Manager	M D	Accounts – receiver of bill	Accountant	Accounts Manager
Sign:							
Date							

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/-

(ORIGINAL FOR RECIPIENT)



Purchase Order

Page(s) 1 Of 1

29-12-2021 15:50:59



5:35:32

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

40077300

65526886.

9849624797

Doc No	83932	169296
Doc Date	27-12-2021	
Quote No	Nil	
Quote Date	27-12-2021	
Supply Type	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	43 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.

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

Penalty For Delay Nil**Transportation** Included by us !**Warranty** 7 years warranty**Advance Paid** Nil**Other Terms** We reserve the right to reject items not conforming to quality and specifications. Above order for stock maintain 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 deli vary /DC can be sent by email.

For **Summit Sales LLP**

Authorised Signatory

Name : _____

Name : _____

Date : ____/____/____

Accepted the above Terms And Conditions

For **Praful Sanitary**

Requisition Form

Company Name:		SUMMIT SALES LLP		Date:		24-12-2021	
Site & Phase :		SUMMIT HOUSING LLP		Time:		11:00PM	
Supplier				Req. No.		169296	
Material required before date:				ID No.		72391	
S.No	Description	Size	Quantity	Units	Inward No	Date	
1	CP Sink Cock With Swivel Spout 83931		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			
6	GI Ball Cock	1/2"	10	Nos			
7	CP Health Faucet		10	Nos			
Remarks: For Stock Replenishing purpose							
Prepared By		Vanajakshi				APPROVED BY	
Sign. & Date		24-12-2021		Sign. & Date		27 DEC 2021	

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

SCHAM MODI
MANAGING DIRECTOR