

**PURCHASE DIVISION**  
Advice for approval for credit to supplier

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                                                                                                                                 |             |                                                                     |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------|------------------|-------------|------------------|------------------|-----|------------|------------------|-------|-------|--|--|--|--|-------|--|--|--|--|--|------|---------|--|--|--|--|----------------|----------|-----------|------------|----------|-----------|
| Date: 21/1/22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | Prepared by: H. de                                                                                                                                              |             | Serial no. 159                                                      |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| Supplier name: GP Buildcon Materials                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |                                                                                                                                                                 |             | HO inward no. —                                                     |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| Firm/Company: SS24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  | Project: SHUP                                                                                                                                                   |             | HO received date: —                                                 |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| PO/WO date: 6/1/22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  | PO/WO No. 83358                                                                                                                                                 |             | Scan ID. —                                                          |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| Sl no.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Bill no.         | Bill date                                                                                                                                                       | Bill amount | Original attached                                                   |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 521              | 27/1/22                                                                                                                                                         | 30,916/-    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| 2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                                                                                                                                                 | —           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                                                                                                                                                 | —           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| 4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                                                                                                                                                 | —           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| Amount A – Bills total (Excluding Transport & Hamali Charges):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                 |             | 30,916/-                                                            |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| Proof of delivery by way of: <input checked="" type="checkbox"/> DCs/bill <input type="checkbox"/> Steel report <input type="checkbox"/> RMC pour report <input type="checkbox"/> Solid block report <input type="checkbox"/> Installation report                                                                                                                                                                                                                                                                                                                                                          |                  |                                                                                                                                                                 |             |                                                                     |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| MRN nos.: 101434                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  | Proof of delivery matches MRN                                                                                                                                   |             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| Amount B – Other Credits : Transportation charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                                                                                                                                 |             | —                                                                   |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| Amount C – Other Debits :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                                                                                                 |             | —                                                                   |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| Amount D (D=A+B-C) – Amount to be credited to the supplier:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                                                                 |             | 30,916/-                                                            |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| Amount E – PO / WO value:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                                                                                                 |             | 30,916/-                                                            |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| Amount F – Difference (A – E):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                                                                                                                                 |             | —                                                                   |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| Quantity received as per PO / WO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Excess received <input type="checkbox"/> Short received <input type="checkbox"/> Part received |             |                                                                     |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| Close PO / WO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No – wait for balance material <input type="checkbox"/> Other                                  |             |                                                                     |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| Payment – due date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  | 28/1/22                                                                                                                                                         |             |                                                                     |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| Remarks:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                                                                                                                                                 |             |                                                                     |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Approved by</td> <td>Purchase Officer</td> <td>Purchase Manager</td> <td>M D</td> <td>Accountant</td> <td>Accounts Manager</td> </tr> <tr> <td>Name:</td> <td>H. de</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Sign:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Date</td> <td>22/1/22</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Approval limit</td> <td>Upto 20k</td> <td>Above 20k</td> <td>Above 100k</td> <td>Upto 20k</td> <td>Above 20k</td> </tr> </table> |                  |                                                                                                                                                                 |             |                                                                     |                  | Approved by | Purchase Officer | Purchase Manager | M D | Accountant | Accounts Manager | Name: | H. de |  |  |  |  | Sign: |  |  |  |  |  | Date | 22/1/22 |  |  |  |  | Approval limit | Upto 20k | Above 20k | Above 100k | Upto 20k | Above 20k |
| Approved by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Purchase Officer | Purchase Manager                                                                                                                                                | M D         | Accountant                                                          | Accounts Manager |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | H. de            |                                                                                                                                                                 |             |                                                                     |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| Sign:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                                                                                                                                                 |             |                                                                     |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 22/1/22          |                                                                                                                                                                 |             |                                                                     |                  |             |                  |                  |     |            |                  |       |       |  |  |  |  |       |  |  |  |  |  |      |         |  |  |  |  |                |          |           |            |          |           |
| 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.

No



## G.P. BUILDCON MATERIALS

G-1 , Sai Srinivasa Towers, 29 - Sripuri Colony  
Kakaguda, Secunderabad - 15  
GSTIN/UIN: 36AIZPG8119P1Z9  
State Name : Telangana, Code : 36  
E-Mail : g.pbuidcon999@gmail.com

|             |  |
|-------------|--|
| Invoice No. |  |
|-------------|--|

**GP/21-22/521**

### Delivery Note

Supplier's Ref.

|                   |  |
|-------------------|--|
| Buyer's Order No. |  |
|-------------------|--|

83358

Despatch Document No.

Despatched through

## Selva-by Hand

|                   |
|-------------------|
| Terms of Delivery |
|-------------------|

|       |  |
|-------|--|
| Dated |  |
|-------|--|

27-Dec-2021

|                       |
|-----------------------|
| Mode/Terms of Payment |
|-----------------------|

|                    |
|--------------------|
| Other Reference(s) |
|--------------------|

|       |  |
|-------|--|
| Dated |  |
|-------|--|

6-Dec-2021

|                    |  |
|--------------------|--|
| Delivery Note Date |  |
|--------------------|--|

| Destination |
|-------------|
|-------------|

Cherlapally

|       |  |
|-------|--|
| Buyer |  |
|-------|--|

**M/S SUMMIT SALES LLP**

5-4-187/3&4, II ND FLOOR, M.G ROAD  
SECUNDERABAD

GSTIN/UIN : 36ACQFS2044C1Z7

State Name : Telangana, Code : 36

[illegible]

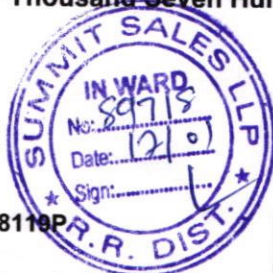
Amount Chargeable (in words)

E. &amp; O.E

**INR Thirty Thousand Nine Hundred Sixteen Only**

| HSN/SAC      | Taxable Value    | Central Tax |                 | State Tax |                 | Total Tax Amount |
|--------------|------------------|-------------|-----------------|-----------|-----------------|------------------|
|              |                  | Rate        | Amount          | Rate      | Amount          |                  |
| 73181500     | 26,200.00        | 9%          | 2,358.00        | 9%        | 2,358.00        | 4,716.00         |
| <b>Total</b> | <b>26,200.00</b> |             | <b>2,358.00</b> |           | <b>2,358.00</b> | <b>4,716.00</b>  |

Tax Amount (in words) : **INR Four Thousand Seven Hundred Sixteen Only**



Company's PAN : AIZPG8119P

### Declaration

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

### Company's Bank Details

Bank Name : ICICI BANK LTD (630805500095)

A/c No. : 630805500095

Branch & IFS Code : **Vikrampuri & ICIC0006308**

for G.P. BUILDCON MATERIALS

Authorised Signatory

SUBJECT TO SECUNDERABAD JURISDICTION

This is a Computer Generated Invoice

## Purchase Order

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

| Supplier Details                                                                                                                                        |                   |            |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------|--------|
| G.P.Buildcon materials<br>flat.no.G1, Saisrinivasa towers, Sri puri Colony, Kakaduda, secunderbad<br><br><b>GSTIN</b> 36AIZPG8119P1Z9<br><br>9866116375 | <b>Doc No</b>     | 83358      | 169221 |
|                                                                                                                                                         | <b>Doc Date</b>   | 06-12-2021 |        |
|                                                                                                                                                         | <b>Quote No</b>   | Nil        |        |
|                                                                                                                                                         | <b>Quote Date</b> | 26-10-2021 |        |
|                                                                                                                                                         | <b>SupplyType</b> | Supply     |        |

**Kind Attn : Mr.Pavan**

Purchase Order for the Supply of following Items.

| Item Name                                                       | Qty   | Rate   | Dis% | GST   | Amount           |
|-----------------------------------------------------------------|-------|--------|------|-------|------------------|
| 1 7319 - Plumbing - sanitary - Wall hung rag bolts - NA - nos   | 40.00 | 325.00 | 0.00 | 18.00 | 15,340.00        |
| 2 7323 - Plumbing - sanitary - Washbasin rag bolts - NA - pairs | 80.00 | 165.00 | 0.00 | 18.00 | 15,576.00        |
| <b>Total Order Value . . .</b>                                  |       |        |      |       | <b>30,916.00</b> |

Rupees : Thirty Thousand Nine Hundred Sixteen Only.

### Terms and Conditions :-

|                          |                                                                                                                                                                                                                                                  |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Specification /</b>   | All items shall be of 'Fisher' brand                                                                                                                                                                                                             |
| <b>Payment Terms</b>     | After Delivery & Production of bill                                                                                                                                                                                                              |
| <b>Tax</b>               | Inclusive of all taxes                                                                                                                                                                                                                           |
| <b>Delivery Date</b>     | Next Day.                                                                                                                                                                                                                                        |
| <b>Delivery Location</b> | Summit Housing LLP<br>Cherlapally, Behind Kingston PG college, Hyderabad<br>Phone. 9618244433, Hamendra                                                                                                                                          |
| <b>Penalty For Delay</b> | Nil                                                                                                                                                                                                                                              |
| <b>Transportation</b>    | Transport cost shall be borne by us.                                                                                                                                                                                                             |
| <b>Warranty</b>          | Nil                                                                                                                                                                                                                                              |
| <b>Advance Paid</b>      | Nil                                                                                                                                                                                                                                              |
| <b>Other Terms</b>       | We reserve the right to reject items not conforming to quality and specifications. Above order for Stock purpose                                                                                                                                 |
| <b>Completion Date</b>   | Nil                                                                                                                                                                                                                                              |
| <b>Measurment</b>        | Nil                                                                                                                                                                                                                                              |
| <b>Security</b>          | Nil                                                                                                                                                                                                                                              |
| <b>Remarks</b>           | 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. |

Bill Not Received  
M. Veerappan  
21/1/2022

For **Summit Sales LLP**

Authorised Signatory

Accepted the above Terms And Conditions

For **G.P.Buildcon materials**

Name : \_\_\_\_\_

Name : \_\_\_\_\_

Date : \_\_/\_\_/\_\_

Contact : -

**Requisition Form**

| Company Name:                          |                                                    | SUMMIT SALES LLP   |          | Date:        |           | 01-12-2021 |  |
|----------------------------------------|----------------------------------------------------|--------------------|----------|--------------|-----------|------------|--|
| Site & Phase :                         |                                                    | SUMMIT HOUSING LLP |          | Time:        |           | 15:00PM    |  |
| Supplier                               |                                                    |                    |          | Req. No.     |           | 169221     |  |
| Material required before date:         |                                                    |                    |          | ID No.       |           |            |  |
| S.No                                   | Description                                        | Size               | Quantity | Units        | Inward No | Date       |  |
| 1                                      | Sanitary wall Hung Rag Bolts                       |                    | 40       | Nos          |           |            |  |
| 2                                      | Sanitary Wall Hung WC White Full Set For Concealed |                    | 15       | Nos          |           |            |  |
| 3                                      | EWC+Seat Cover+Flush tank                          |                    | 10       | Nos          | 17435     | 26/12      |  |
| 4                                      | Sanitary Wash Basin white                          |                    | 20       | Nos          |           |            |  |
| 5                                      | Sanitary Wash Basin white Pedastal                 | 3/4                | 20       | Nos          |           |            |  |
|                                        | Sanitary Rag Bolts(Wash Basin)                     |                    | 80       | Nos          |           |            |  |
| Remarks:For Replenishing Stock Purpose |                                                    |                    |          |              |           |            |  |
| Prepared By                            |                                                    | Bhavani            |          |              |           |            |  |
| Sign.& Date                            |                                                    | 01-12-2021         |          | Sign. & Date |           |            |  |

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