

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

|                                                                                                                                                                                                                                        |                  |                                                                                                                                                                 |             |                                                          |                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|------------------|
| Date: 24/1/22                                                                                                                                                                                                                          |                  | Prepared by: Sneh                                                                                                                                               |             | Serial no. - 179/                                        |                  |
| Supplier name: Refill zone                                                                                                                                                                                                             |                  |                                                                                                                                                                 |             | HO inward no.                                            |                  |
| Firm/Company: Summit sales                                                                                                                                                                                                             |                  | Project: SHLP                                                                                                                                                   |             | HO received date                                         |                  |
| PO/WO date: 11/1/22                                                                                                                                                                                                                    |                  | PO/WO No: 84409                                                                                                                                                 |             | Scan ID:                                                 |                  |
| Sl no.                                                                                                                                                                                                                                 | Bill no.         | Bill date                                                                                                                                                       | Bill amount | Original attached                                        |                  |
| 1.                                                                                                                                                                                                                                     | 3382             | 20/1/22                                                                                                                                                         | 8555/-      | <input 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):                                                                                                                                                                         |                  |                                                                                                                                                                 |             | 8555/-                                                   |                  |
| Proof of delivery by way of: <input 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.:                                                                                                                                                                                                                              |                  | Proof of delivery matches MRN                                                                                                                                   |             | <input 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:                                                                                                                                                                            |                  |                                                                                                                                                                 |             | 8,555/-                                                  |                  |
| Amount E – PO / WO value:                                                                                                                                                                                                              |                  |                                                                                                                                                                 |             | 8,555/-                                                  |                  |
| 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                                                                                                                                                                                                                     |                  | 7/2/22                                                                                                                                                          |             |                                                          |                  |
| Remarks: final bill -                                                                                                                                                                                                                  |                  |                                                                                                                                                                 |             |                                                          |                  |
| Approved by                                                                                                                                                                                                                            | Purchase Officer | Purchase Manager                                                                                                                                                | MD          | Accountant                                               | Accounts Manager |
| Name:                                                                                                                                                                                                                                  | Sneh             | Aswini                                                                                                                                                          |             |                                                          |                  |
| Sign:                                                                                                                                                                                                                                  | Sneh             | Aswini                                                                                                                                                          |             |                                                          |                  |
| Date                                                                                                                                                                                                                                   | 24/1/22          | APPROVED                                                                                                                                                        |             |                                                          |                  |
| 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 weightment 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.

## TAX INVOICE

- ▲ Laser Toners
- ▲ Ink Jets
- ▲ Ribbons
- ▲ Xerox Cartridges

# Refill Zone

The Complete Refilling &amp; Printer Solutions...

# 223, 2nd Floor, Kubera Towers, Narayanguda, Hyderabad-500029.

E-mail: refillzone1234@gmail.com

GSTIN No : 36AMEPB3612K1ZD

Cell: 9908271234

Invoice No:

3382

Invoice Date : 20/11/22

PO. No.

DC No.

State: TELANGANA

STATE CODE : 36

Bill to

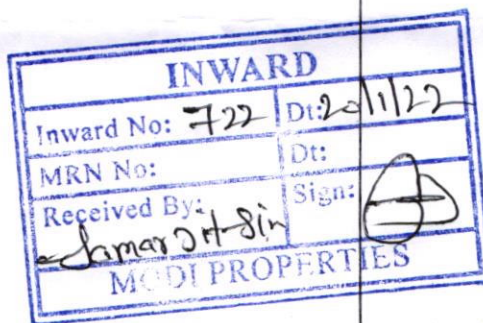
M/s. SUMMIT SALES LLP

Address : Ramnagar

GSTIN : 36ALBF52044C177 STATE CODE : 36

Shift to:

| Sl. No. | Name of Product / Service    | HSN Code | QTY | RATE | AMOUNT |     |
|---------|------------------------------|----------|-----|------|--------|-----|
|         |                              |          |     |      | Rs.    | Ps. |
| 1.      | Refilling B/T HP-12A Recycle | 8443     | 5   | 1450 | 7250   | 00  |
| 2.      | Refilling C/T cartridges     |          |     |      |        |     |
| 3.      | INKJET B/R                   |          |     |      |        |     |
| 4.      | INKJET C/R                   |          |     |      |        |     |
| 5.      | Toner Drum/C                 |          |     |      |        |     |
| 6.      | Wiper Blade/c                |          |     |      |        |     |
| 7.      | Doctor Blade /C              |          |     |      |        |     |
| 8.      | Others                       |          |     |      |        |     |



Total Invoice Amount in Words :

TOTAL AMOUNT BEFORE TAX :

7250.00

ADD: CGST : 9%

652.50

ADD : SGST : 9%

652.50

ADD IGST : 18%

TOTAL AMOUNT AFTER TAX :

8555.00

Bank Details :

Bank Name : Andhra Bank (Srinivasapuram Br.)

Bank Account Number : 111011100000964

Bank Branch IFSC Code : ANDB0001110

Terms and Conditions :

E &amp; O. E

1. Goods once sold will not be taken back.
2. Interest @ 24% p.a. be charged if the payment is not made with in the stipulated time.
3. Subject to "Telangana" Jurisdiction only.

Certified that the particulars given above are true and correct.

FOR Refill Zone

Authorised Signatory



# Purchase Order



84409

08.01.22 11:42:54

Page(s) 1 Of 1

11-01-2022 13:11:22

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

**Supplier Details**

Refill Zone  
#223, 2nd floor, Kubera Towers, Naryanguda, Hyderabad-29.

**GSTIN** 36AMEPB3612K1ZD

65817414

9908271234

|                   |            |        |
|-------------------|------------|--------|
| <b>Doc No</b>     | 84409      | 169294 |
| <b>Doc Date</b>   | 11-01-2022 |        |
| <b>Quote No</b>   | Nil        |        |
| <b>Quote Date</b> | 11-01-2022 |        |
| <b>SupplyType</b> | Supply     |        |

**Kind Attn : Mr.Venki**

Purchase Order for the Supply of following Items.

| Item Name                                                                                | Qty  | Rate     | Dis% | GST   | Amount          |
|------------------------------------------------------------------------------------------|------|----------|------|-------|-----------------|
| 1 3523 - Computers and Peripherals - Toner refill - NA - nos<br>HP 12A ( New Cartridge ) | 5.00 | 1,450.00 | 0.00 | 18.00 | 8,555.00        |
| <b>Total Order Value . . .</b>                                                           |      |          |      |       | <b>8,555.00</b> |

Rupees : Eight Thousand Five Hundred Fifty Five Only.

**Terms and Conditions :-****Specification /** As per details given in the quotation.**Payment Terms** 100% advance payment**Tax** Inclusive of all taxes**Delivery Date** Same Day

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

**Penalty For Delay** Nil**Transportation** Transport cost shall be borne by us.**Warranty** Nil**Advance Paid** Rs. 8,555-00, by cheque.....**Other Terms** We reserve the right to reject items not conforming to quality and specifications. Above order for Stock 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 delivery /DC can be sent by email.

For **Summit Sales LLP**

Authorised Signatory

Accepted the above Terms And Conditions

For **Refill Zone**

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

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

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

# Requisition Form

|                                |                                 |               |            |              |        |            |       |
|--------------------------------|---------------------------------|---------------|------------|--------------|--------|------------|-------|
| Company Name:                  |                                 | SSLLP         |            | Date:        |        | 24.12.2021 |       |
| Site & Phase :                 |                                 | SSHLP         |            | Time:        |        | 10:00      |       |
| Supplier                       |                                 |               |            | Req.No.      |        | 169294     |       |
| Material required before date: |                                 |               | 10.01.2022 |              | ID No. |            | 72343 |
| No                             | Description                     |               | Size       | Quantity     | Units  | Inward No  | Date  |
| 1                              | HP toner (new cartirdges) 84409 |               | HP12A      | 5            | Nos    |            |       |
|                                |                                 |               |            |              |        |            |       |
|                                |                                 |               |            |              |        |            |       |
| Remarks: For Stock Purpose .   |                                 |               |            |              |        |            |       |
| Prepared By                    |                                 | N. Vanajakshi |            | Approved by  |        |            |       |
| Sign. & Date                   |                                 | 24.12.2021    |            | Sign. & Date |        |            |       |

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

