PURCHASE DIVISION
Advice for approval for credit to supplier

Date:	8/2/22	Prepared by	Mon...	Serial no.	2562
Supplier name	Bar Code Enterprises			HO inward no.	
Firm/Company	SSLLP	Project	SHLLP	HO received date	
PO/WO date	27/12/21	PO/WO No.	83921	Scan ID.	

Sl no.	Bill no.	Bill date	Bill amount	Original attached
1.	605	3/2/22	18,880/-	☑ Yes ☐ No
2.				☐ Yes ☐ No
3.				☐ Yes ☐ No
4.				☐ Yes ☐ No

Amount A – Bills total (Excluding Transport & Hamali Charges):	18,880/-
Proof of delivery by way of: ☑ DCs/bill ☐ Steel report ☐ RMC pour report ☐ Solid block report ☐ Installation report	

MRN nos.:	103449	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:	18,880/-
Amount E – PO / WO value:	18,880/-
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	14/2/22
Remarks:	

Approved by	Purchase Officer	Purchase Manager	M D	Accountant	Accounts Manager
Name:	Mon...				
Sign:	Mon...				
Date	8/2/22				
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.

TAX INVOICE

Barcode Enterprises Reg:H.No:-13-1-131/2, Plot.no.26, Sagar Bhai Jewelry,opp Line, Tulja Nivas, Motinagar,Hyderabad Mobile: 810 66 89 372 GSTIN/UIN: 36BYQPP0197Q1ZC E-Mail:barcodeenterprisess@gmail.com	Invoice No. **GST/ 605**	Dated. **03-02-2022**
	Delivery Note	Mode/Terms of payment 100% advance
	Supplier's Ref.	Other Reference(s)
Buyer **SUMMIT SALES LLP** **5-4-187/3&4,II nd floor, MG Road,** **Secunderabad -500003.** **Hyderabad.** **Telangana -36.** E-mail:ksuneelkumar.2012@gmail.com Ph No :+ 91 9502199355 GSTIN/UIN :36ACQFS2044C1Z7	Buyer's Order No. **Verbal**	Date **02-02-2022**
	Despatch Doc. No.	Date
	Despatched thro.	Date

Sl No.	Description of Goods	Quantity	Rate	Per	Amount
1.	Plain Label - Tamper Proof (synthetic) Size : 25x20mm - 4 Accross (5 Rolls x 5,000 No's) HSN CODE:39199010	5 Rolls	0.60 Ps Each Label	5,000 No's Each Roll	15,000.00
2.	Barcode Ribbon - Wax-Resin Size : 110mm x 70mtrs HSN CODE:96121090	5 Rolls	200.00 Each Roll		1,000.00
					16,000.00
	Sr SGST@9% CGST@9%				1,440.00 1,440.00
	Total				**18,880.00**

INWARD
Inward No: 761 Dt: 4/2/22
MRN No: Dt:
Received By: Samrat Sign:
MODI PROPERTIES

Amount Chargeable (in Words)

Indian Rupees : Eighteen thousand Eight hundred and Eighty Rupees only

HSN/SAC	Total Value	Central Tax Rate	Central Tax Amount	State Tax Rate	State Tax Amount
	18,880.00	9%	1,440.00	9%	1,440.00
Total	18,880.00		1,440.00		1,440.00

Tax amount in words : Two thousand eight hundred and eighty Rupees only

Bank Details:- M/S.BARCODE ENTERPRISES
Bank Name : Union Bank of India
A/c.No.: 135511100001404
Branch : Rajeev Nagar
IFS Code : UBIN0813559

SUMMIT SALES LLP R.R. DIST.
IN WARD No: 90734 Date: 8/2 Sign:

for Barcode Enterprises

Authorised Signatory

Purchase Order

 27-12-2021 11:51:53

83921

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			
Barcode Enterprises	**Doc No**	83921	183345
H.no.13-1-131/2 plot.no.26, Tulja Nivas, Moti Nagar Hyderbad	**Doc Date**	27-12-2021	
	Quote No	Nil	
GSTIN 36BYQPP0197Q1ZC	**Quote Date**	27-12-2021	
8106689372	**SupplyType**	Supply	

Kind Attn : Mr.Magendra Kumar

Purchase Order for the Supply of following Items.

	Item Name	Qty	Rate	Dis%	GST	Amount
1	6174 - Miscellaneous - labels - NA - Rolls *5000 each rolls*	5.00	3,000.00	0.00	18.00	17,700.00
2	6175 - Miscellaneous - Ribbon - NA - Rolls *Was Resion 5000 each rols*	5.00	200.00	0.00	18.00	1,180.00
					Total Order Value . . .	**18,880.00**

Rupees : Eighteen Thousand Eight Hundred Eighty Only.

Terms and Conditions :-

Specification /	As per details given in the quotation.
Payment Terms	100% as advance
Tax	Inclusive of all taxes
Delivery Date	Same Day
Delivery Location	Head Office 5-4-187/3 & 4, II nd Floor, M.G.Road, Secunderabad - 500003 Phone. 040-66335551
Penality For Delay	Nil
Transportation	Transport cost shall be borne by us.
Warranty	1 yr
Advance Paid	Rs.18880/- vide cheq...... dtd..... of yes bank
Other Terms	We reserve the right to reject items not conforming to quality and specifications. Above order for Barcoading 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

Name : 28/12/2021

Accepted the above Terms And Conditions

For ***Barcode Enterprises***

Name : ____________

Date : __/__/____

Requisition Form

Company Name:	Summit Sales LLP	Date:	23-12-21
Site & Phase :	Head office	Time:	
Supplier		Req. No.	183345
Material required before date:		ID No.	72360

No	Description	Size	Quantity	Units	Inward No	Date
1	Barcode for security		5	Rolls		
2	Ribbon		5	Rolls		
3						
4						
5	83921					
6						
7						
8						
9						
10						

Remarks: This is for all sites

Prepared By	K.Suneel	Approved by	
Sign.& Date	23-12-21	Sign. & Date	

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

APPROVED
03 FEB 2022
P. PRABHAKAR
MANAGER PURCHASE

Requisition Form

Company Name:		Date:	
Site & Phase :		Time:	
Supplier		Req. No.	
Material required before date:		ID No.	

No	Description	Size	Quantity	Units	Inward No	Date
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Remarks:

Prepared By		Approved by	
Sign.& Date		Sign. & Date	

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