PURCHASE DIVISION Advice for approval for credit to supplier

Date:	19/2/22	Prepared by	Mont	Serial no.	~ 207
Supplier name	Voved 1	moxid	1.10	HO inward	
Firm/Company	matrix Re	Project & stales	DAAG	HO receive	ed date
PO/WO date	14/2/22	PO/WO No.	8565	Scan ID.	
Sl no.	Bill no.	Bill	date	Bill amount	Original attached
1.	2268	111/2	122	3841-	Yes 🗆 No
2.	W & C 0	191	1		□ Yes □ No
3.		es			□ Yes □ No
4.	A 17 The second of the second				□ Yes □ No
Amount A – Bills	total (Excluding Tran	nsport & Hamali Char	rges):		38u/-
Proof of delivery l	by way of DCs/bill	□ Steel report □ RN	AC pour repor	t Solid block rep	ort Installation report
MRN				Proof of delivery	Yes 🗆 No
nos.:	103879			matches MRN	
Amount B -Other	Credits: Transportat	ion charges			_
Amount C -Other	Debits:		CONTRACTOR		_
Amount D (D=A+	B-C) – Amount to be	credited to the suppl	ier:		38ul-
Amount E – PO /	WO value:				3841-
Amount F - Differ	rence (A – E):				36
Quantity received	as per PO /WO	Yes	Excess receiv	red Short received	I □ Part received
Close PO / WO		_ O Yes □	No – wait for	balance material	Other
Payment - due dat	te	97.0	11-2-		
Remarks:	11 11 11 11 11 11 11 11 11 11 11 11 11	1 0/8	172		
	The state of the s				
Approved by	Purchase Officer	Purchase Manager	MD	Accour	ntant Accounts Manager
Name:	Monin	7			
Sign:	don	19 FEB 2027			
Date		wednesday of the co			
Approval limit	Upto 20k	Above 20k	Above 100k	Upto 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.

M/s. VIVID WORLD

A Complete Solution for all your cartridge needs

Flat No. 503, G2 Block, Indu Aranaya Pallavi Apts., Bandlaguda, Nagole, Hyderabad – 500 068, Telangana State. Tel: +91-9246215868

GSTIN: 36AVTPS1528D1ZB

	-0	-			VOIC						
Invoice No.: 2268					Transport Mode :						
Invoice Date :14/02/2022					Vehicle Number :						
Reverse Charge (Y/N):					Date of Supply :						
State : TELANGANA	Cod	e	3	6							
Bill to Part	У						S	hip to Pa	arty		
Address: M/s. MATRIX REAL ESTATES 5-4-187/3&4, 2 ND FLOOR, SOHAM M. SECBAD.	CONSULT				GATE PASS NO:6639						
GST: 36ABMFM3648K1ZQ					GSTIN:						
State : TELANGANA			Со		State :						Code
			de								
Product Description	HSN Code	U O M	Qty.	Rate	Amount	TAXABLE VALUE	CGS	Т		SGST	TOTAL
							RATE	AMT	RATE	AMT	
RICOH LASER TONER REFILLING	3707		01	325.00	325.00	58.50	9%	29.25	9%	29.25	383.50
OPERTIES OF INWARD CONTROL OF SIGN) 0 38 =	119									
					325.00	58.50				•	383.50
			2	ALT S	INDE						325.00
RS. THREE HUNDRED EIGHTY THREE A	ND FIFTY	PAIS	SE ON	IN W	100 000	ADD :CGST	9%				
(RS. 383.50)			15	No: 91	363/51	1					29.25
(10. 303.30)			10	Date: 10	1/2 /0/	ADD: SGST	9%				29.25
			1/4	Sign:	/*//	Total Amour	nt After Tax				383.50
				7. D	131			<u> </u>			
Bank Details	T			The state of the s	STATE OF THE PARTY	Cort	ified that *h	ne particulars	given aho	/e are true or	nd correct
	-					Cent	meu tiidt (f	1/4	V.	V //	ia correct
	-	1						For VIV	D WOF	10	
Branch : Narayanguda Branch	5	1	,					()	Par	// : /	
Bank A/C : 406746378	0							Authorize	ed Signa	atory	
Bank IFSC : IDIB000N015			Comm	on Seal			8				



Purchase Order

Page	-1	1	OF	1
raye	21		OI	

18-02-2022 14:08:07

Orig

From Company:

Matrix Recon Pvt Ltd

Senapathi Bapat Road, Lower Parel (W), Mumbai-400013

G S T No.: 27AAECM9665L1ZQ

85652

14.02.22 2:32:33

Supplier Details				
Vivid World		Doc No 8565		183405
204, Kubera Towers, Narayanaguda, Hyderabad. GSTIN 36AVTPS1528D1ZB		Doc Date 14-02-2022		
		Quote No	Nil	
		Quote Date	14-02-2022	
6682-3161/6682-3171	92462-15868	SupplyType	Supply	

Kind Attn: Mr. Vishal

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 3523 - Computers and Peripherals - Toner refill - NA - nos Ricoh	1.00	325.00	0.00	18.00	383.50
		Total Or	der Value	e	383.50

Terms and Conditions :-

Specification /

As per details given in the quotation

Payment Terms

After Delivery & Production of bill

Tax

All taxes included in above price.

Delivery Date

Same Day

Delivery Location

United Avenues-Amigo

Sy no: 418,425,470, Near: Narsingi ORR Circle, Manchirevula, Gandipet,RR Dist, Telangana.

Phone. 9618247247

Penality For Delay Nil

Transportation

Included in the above price.

Warranty

Nil

Advance Paid

Nil

Other Terms

We reserve the right items not conforming to quality and specifications. Above order for site Purpose.

Completion Date

Nil 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 delivery /DC can be sent by email.

For Matrix Recon Pvt Ltd

Authorised Signatory

Nam

Accepted the above Terms And Conditions

For Vivid World

e:	

Name ·		

Date : __/__/___

Requisition Form

Com	pany Name:	Matrix Real E	states con	Date:		14-02-2022	
Site	& Phase :	UAAG		Time:			
Supp	lier			Req. No.		183405	
Mate	erial required before date:			ID No.		7385\$4	
No	Descri	ption	Size	Quantity	Units	Inward No	Date
_1	Ricoh Toner Refilling			1	No		
2							
3							
4							
5	856	,50					
6	8						
7							
8					A		
9					1	ROVED	
10					APP	FEB 2022	
Rem	arks: This is for site purp	oose		(,/ "	S LER SON	\
Prep	ared By	K. Suneel		Approved by	1 10	PRABHAKAR PARABHAKAR MANAGER PURCHASE	نمة
Sign	.& Date	14-02-2022		Sign. & Date	1	MANAGEN	
Note	On receipt of material a	t site write inwa	rd number and date in	n last 2 columns	51.		

		Requisit	ion Form			
Company Na	Company Name:			Date:		
Site & Phase :		Time:				
Supplier			Req. No.			
Material requ	uired 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.