

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

|                                                                                                                                                                                                                                                  |                    |                                                                                                                                                                 |                               |                                                                     |                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------|------------------|
| Date: 19/2/22                                                                                                                                                                                                                                    |                    | Prepared by: <i>[Signature]</i>                                                                                                                                 |                               | Serial no.: 2074                                                    |                  |
| Supplier name: Vivid world                                                                                                                                                                                                                       |                    |                                                                                                                                                                 |                               | HO inward no.:                                                      |                  |
| Firm/Company: Matrix Real Estate                                                                                                                                                                                                                 |                    | Project/Estates: UAG                                                                                                                                            |                               | HO received date:                                                   |                  |
| PO/WO date: 14/2/22                                                                                                                                                                                                                              |                    | PO/WO No.: 85652                                                                                                                                                |                               | Scan ID.:                                                           |                  |
| Sl no.                                                                                                                                                                                                                                           | Bill no.           | Bill date                                                                                                                                                       | Bill amount                   | Original attached                                                   |                  |
| 1.                                                                                                                                                                                                                                               | 2268               | 14/2/22                                                                                                                                                         | 3841-                         | <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):                                                                                                                                                                                   |                    |                                                                                                                                                                 |                               | 3841-                                                               |                  |
| 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.:                                                                                                                                                                                                                                        | 103879             |                                                                                                                                                                 | 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:                                                                                                                                                                                      |                    |                                                                                                                                                                 |                               | 3841-                                                               |                  |
| Amount E – PO / WO value:                                                                                                                                                                                                                        |                    |                                                                                                                                                                 |                               | 3841-                                                               |                  |
| 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                                                                                                                                                                                                                               |                    | 28/2/22                                                                                                                                                         |                               |                                                                     |                  |
| Remarks:                                                                                                                                                                                                                                         |                    |                                                                                                                                                                 |                               |                                                                     |                  |
| Approved by                                                                                                                                                                                                                                      | Purchase Officer   | Purchase Manager                                                                                                                                                | MD                            | Accountant                                                          | Accounts Manager |
| Name:                                                                                                                                                                                                                                            | <i>[Signature]</i> | <i>[Signature]</i>                                                                                                                                              |                               |                                                                     |                  |
| Sign:                                                                                                                                                                                                                                            | <i>[Signature]</i> | 19 FEB 2022                                                                                                                                                     |                               |                                                                     |                  |
| Date                                                                                                                                                                                                                                             | 1.                 |                                                                                                                                                                 |                               |                                                                     |                  |
| 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.

[illegible]



## Purchase Order

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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  
204, Kubera Towers, Narayanaguda, Hyderabad.

**GSTIN** 36AVTPS1528D1ZB

6682-3161/ 6682-3171

92462-15868

|                   |            |        |
|-------------------|------------|--------|
| <b>Doc No</b>     | 85652      | 183405 |
| <b>Doc Date</b>   | 14-02-2022 |        |
| <b>Quote No</b>   | Nil        |        |
| <b>Quote Date</b> | 14-02-2022 |        |
| <b>SupplyType</b> | 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<br>Ricoh | 1.00 | 325.00 | 0.00 | 18.00 | 383.50 |
| Total Order Value . . .                                               |      |        |      |       | 383.50 |

Rupees : Three Hundred Eighty Three and Paise Fifty Only.

### 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

**Penalty 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**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 **Matrix Recon Pvt Ltd**

Authorised Signatory

Name :

Accepted the above Terms And Conditions

For **Vivid World**

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

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

### Requisition Form

| Company Name:                     |                       | Matrix Real Estates con |          | Date:        |           | 14-02-2022 |  |
|-----------------------------------|-----------------------|-------------------------|----------|--------------|-----------|------------|--|
| Site & Phase :                    |                       | UAAG                    |          | Time:        |           |            |  |
| Supplier                          |                       |                         |          | Req. No.     |           | 183405     |  |
| Material required before date:    |                       |                         |          | ID No.       |           | 73858      |  |
| No                                | Description           | Size                    | Quantity | Units        | Inward No | Date       |  |
| 1                                 | Ricoh Toner Refilling |                         | 1        | No           |           |            |  |
| 2                                 |                       |                         |          |              |           |            |  |
| 3                                 |                       |                         |          |              |           |            |  |
| 4                                 |                       |                         |          |              |           |            |  |
| 5                                 |                       |                         |          |              |           |            |  |
| 6                                 |                       |                         |          |              |           |            |  |
| 7                                 |                       |                         |          |              |           |            |  |
| 8                                 |                       |                         |          |              |           |            |  |
| 9                                 |                       |                         |          |              |           |            |  |
| 10                                |                       |                         |          |              |           |            |  |
| Remarks: This is for site purpose |                       |                         |          |              |           |            |  |
| Prepared By                       |                       | K. Suneel               |          | Approved by  |           |            |  |
| Sign. & Date                      |                       | 14-02-2022              |          | Sign. & Date |           |            |  |

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



### 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.