

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

|                                 |  |                               |  |                   |  |
|---------------------------------|--|-------------------------------|--|-------------------|--|
| Date: 19/2/22                   |  | Prepared by: T.D. N. M. M. M. |  | Serial no. - 2195 |  |
| Supplier name: Summit Sales Lep |  |                               |  | HO inward no.     |  |
| Firm/Company: Summit Lep        |  | Project: 800-111              |  | HO received date  |  |
| PO/WO date: 15/2/22             |  | PO/WO No. 85551               |  | Scan ID.          |  |

| Sl no. | Bill no. | Bill date | Bill amount | Original attached                                                   |
|--------|----------|-----------|-------------|---------------------------------------------------------------------|
| 1.     | 22171    | 18/2/22   | 1,882-00    | <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):                                                                                                                                                                                    |                               |                                                                                                                                                                 | 1,882-00                                                            |
| 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.: 103893                                                                                                                                                                                                                                  | 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:                                                                                                                                                                                       |                               |                                                                                                                                                                 | 1,882-00                                                            |
| Amount E – PO / WO value:                                                                                                                                                                                                                         |                               |                                                                                                                                                                 | 1,882-00                                                            |
| 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: 1                                                                                                                                                                                                                                        |                               |                                                                                                                                                                 |                                                                     |

| Approved by    | Purchase Officer | Purchase Manager | M D        | Accountant | Accounts Manager |
|----------------|------------------|------------------|------------|------------|------------------|
| Name:          | T.D. N. M. M. M. |                  |            |            |                  |
| Sign:          |                  |                  |            |            |                  |
| Date           | 19/2/22          |                  |            |            |                  |
| 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

**Summit Sales LLP**

#5-4-187/3 &amp; 4, II Floor, Soham Mansion, M.G.Road, Secunderabad - 500003

Email: purchase@modiproperties.com

ORIGINAL INVOICE

Supplier / Customer / Transporter - Copy

PAN: ACQFS2044C GSTIN/UNI: 36ACQFS2044C1Z7

1 of 1 :

| Customer Details                                                                   |                                                  |         |     | Invoice No.    | 22171      |        |         |
|------------------------------------------------------------------------------------|--------------------------------------------------|---------|-----|----------------|------------|--------|---------|
| Silver Oak Villas LLP                                                              |                                                  |         |     | Invoice Date.  | 18-02-2022 |        |         |
| Silver Oak Villas Part III, Sy No. 11,12, 14, 15, 16, 17, 18, 294, cherlapally hyd |                                                  |         |     | PO No.         | 85551      |        |         |
|                                                                                    |                                                  |         |     | PO Date.       | 15-02-2022 |        |         |
|                                                                                    |                                                  |         |     | Req ID         | 73835      |        |         |
|                                                                                    |                                                  |         |     | Req Date       | 14-02-2022 |        |         |
|                                                                                    |                                                  |         |     | Loc Req No     | 183937     |        |         |
| GSTIN : 36ADBFS3288A2Z7                                                            |                                                  |         |     | PAN ADBFS3288A |            |        |         |
|                                                                                    | Description of Goods                             | HSN/SAC | Qty | Rate           | Gross      | Tax%   | Tax Amt |
| 1                                                                                  | 4028 - Consumables - First -Aid Kit - NA - boxes | 3006    | 2   | 840.00         | 1,680.00   | 12     | 201.60  |
| 2                                                                                  |                                                  |         |     |                |            |        |         |
| 3                                                                                  |                                                  |         |     |                |            |        |         |
| 4                                                                                  |                                                  |         |     |                |            |        |         |
| 5                                                                                  |                                                  |         |     |                |            |        |         |
| 6                                                                                  |                                                  |         |     |                |            |        |         |
| 7                                                                                  |                                                  |         |     |                |            |        |         |
| 8                                                                                  |                                                  |         |     |                |            |        |         |
| 9                                                                                  |                                                  |         |     |                |            |        |         |
| 10                                                                                 |                                                  |         |     |                |            |        |         |
| 11                                                                                 |                                                  |         |     |                |            |        |         |
| 12                                                                                 |                                                  |         |     |                |            |        |         |
| 13                                                                                 |                                                  |         |     |                |            |        |         |
| 14                                                                                 |                                                  |         |     |                |            |        |         |
| 15                                                                                 |                                                  |         |     |                |            |        |         |
| IGST                                                                               |                                                  |         |     | CGST           |            | SGST   |         |
| Total Taxable Amount                                                               |                                                  |         |     | 1,680.00       |            | 201.60 |         |
| Total Invoice Amount                                                               |                                                  |         |     | 1,881.60       |            |        |         |

Rupees : One Thousand Eight Hundred Eighty One and Paise Sixty Only.

Subject to Hyderabad Jurisdiction



for Summit Sales LLP \*

Authorised signatory

# Purchase Order

Page(s) 1 Of 1

15-02-2022 13:52:14

Original



85551

14.02.22 2:32:33

From Company : **Silver Oak Villas LLP**  
5-4-187/3 & 4, IIInd Floor, M.G.Road, Secunderabad - 500003  
G S T No. : 36ADBFS3288A2Z7

| Supplier Details                                                                                                                               |                   |            |        |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------|--------|
| Summit Sales LLP<br>5-4-187/3&4,II nd floor,Soham Mansion,MG Road, Secunderabad<br><br><b>GSTIN</b> 36ACQFS2044C1Z7<br>040-66335551 9618244433 | <b>Doc No</b>     | 85551      | 183937 |
|                                                                                                                                                | <b>Doc Date</b>   | 15-02-2022 |        |
|                                                                                                                                                | <b>Quote No</b>   | NIL        |        |
|                                                                                                                                                | <b>Quote Date</b> | 15-02-2022 |        |
|                                                                                                                                                | <b>SupplyType</b> | Supply     |        |

**Kind Attn : Hamendra,Prabhakar**

Purchase Order for the Supply of following Items.

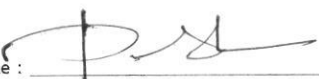
| Item Name                                                            | Qty  | Rate   | Dis% | GST   | Amount          |
|----------------------------------------------------------------------|------|--------|------|-------|-----------------|
| 1 4028 - Consumables - First -Aid Kit - NA - boxes                   | 2.00 | 840.00 | 0.00 | 12.00 | 1,881.60        |
| <b>Total Order Value . . .</b>                                       |      |        |      |       | <b>1,881.60</b> |
| Rupees : One Thousand Eight Hundred Eighty One and Paise Sixty Only. |      |        |      |       |                 |

## Terms and Conditions :-

|                          |                                                                                                                                                                                                                                                     |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Specification /</b>   | As per details given in the quotation.                                                                                                                                                                                                              |
| <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> | Silver Oak Villas Part III<br>Sy .No.11,12,14,15,16,17,18 , 294<br>Phone. 0                                                                                                                                                                         |
| <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 emergency 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.<br>Original invoices must be sent to HO office or purchase site office. Proof of delivery /DC can be sent by email. |

For **Silver Oak Villas LLP**

Authorised Signatory

Name : 

Contact :-

Accepted the above Terms And Conditions

For **Summit Sales LLP**

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

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

### Requisition Form

|                                |  |                           |          |        |            |       |
|--------------------------------|--|---------------------------|----------|--------|------------|-------|
| * Company Name:                |  | Silver Oak Villas LLP-III | Date:    |        | 14-02-2022 |       |
| Site & Phase :                 |  | Silver Oak Villas-III     | Time:    |        | 15.00      |       |
| * Supplier                     |  |                           | Req. No. |        | 183937     |       |
| Material required before date: |  |                           | urgent   | ID No. |            | 73835 |

| No | Description   | Size | Quantity | Units | 67818 | Date |
|----|---------------|------|----------|-------|-------|------|
| 1  | First Aid kit |      | 02       | Nos   |       |      |
| 2  |               |      |          |       |       |      |
| 3  |               |      |          |       |       |      |
| 4  |               |      |          |       |       |      |
| 5  |               |      |          |       |       |      |
| 6  |               |      |          |       |       |      |
| 7  |               |      |          |       |       |      |
| 8  |               |      |          |       |       |      |
| 9  |               |      |          |       |       |      |
| 10 |               |      |          |       |       |      |

APPROVED

15 FEB 2022

P. PRABHAKAR  
Sr. MANAGER PURCHASE

|                                  |            |              |
|----------------------------------|------------|--------------|
| Remarks: - For emergency purpose |            |              |
| Prepared By                      | Ch.Pranavi | 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.

## DELIVERY CHALLAN

**Summit Sales LLP**

#5-4-187/3 &amp; 4, II Floor, Soham Mansion, M.G.Road, Secunderabad - 500003

Email: purchase@modiproperties.com

Supplier / Customer / Transporter - Copy

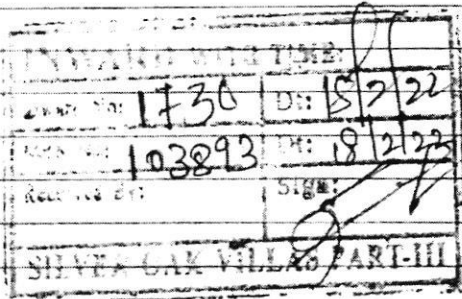
GSTIN/UNI: 36ACQFS2044C1Z7

1 of 1 : 18-02-2022

|                                                                                    |            |            |
|------------------------------------------------------------------------------------|------------|------------|
| <b>Customer Details</b>                                                            | DC No.     | 18972      |
| Silver Oak Villas LLP                                                              | DC Date.   | 18-02-2022 |
| Silver Oak Villas Part III, Sy No. 11,12, 14, 15, 16, 17, 18, 294, cherlapally hyd | PO No      | 85551      |
|                                                                                    | PO Date.   | 15-02-2022 |
|                                                                                    | Req ID     | 73835      |
|                                                                                    | Req Date   | 14-02-2022 |
|                                                                                    | Loc Req No | 183937     |

GSTIN : 36ADBFS3288A2Z7

|    | Description of Goods                             | HSN/SAC | Qty |
|----|--------------------------------------------------|---------|-----|
| 1  | 4028 - Consumables - First -Aid Kit - NA - boxes | 3006    | 2   |
| 2  |                                                  |         |     |
| 3  |                                                  |         |     |
| 4  |                                                  |         |     |
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| 14 |                                                  |         |     |
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| 16 |                                                  |         |     |
| 17 |                                                  |         |     |
| 18 |                                                  |         |     |
| 19 |                                                  |         |     |
| 20 |                                                  |         |     |
| 21 |                                                  |         |     |
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| 30 |                                                  |         |     |



for Summit Sales LLP

Subject to Hyderabad Jurisdiction

Authorised signatory