


Construction division.  
Advice for giving credit to contractors/suppliers.

Sl. No. – site bills register		13		Date - site bills Register		04/05/21	
Company Name:		MCMET		Site:		Manila, Modi Memorial Hospital	
Name of Contractor		B. Raminaidu					
Nature of work		Scaffolding work					
Work done		From Date		To Date			
		13/03/21		17/04/21			
Sl. No.	Villa/Flat/block no.	Qty.	Rate	Units	Amount	Contractors bill no	
1.	Scaffolding work	1920	6.00	Sft	11,520		
2.	for boarding board						
3.	west side						
4.	Scaffolding work	2304	7.00	Sft	16,128		
5.	for boarding board						
6.	South & west side						
7.	(Double)						
8.							
9.							
10.							
11.	Total:				27,648/-		
Bill required		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO.		GST bill required		<input type="checkbox"/> YES <input type="checkbox"/> NO.	
Measurement & estimate sheet:		<input checked="" type="checkbox"/> Required <input type="checkbox"/> Not required		Measurement & estimate sheet:		<input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Not enclosed	
PO/WO no.				PO/WO date:			
Remarks :							
Approved by Project Manager		Approved by Design Team		Approved by M.D.			
Date: 04/5/21		Date:		Date:			
Sign: 		Sign:		Sign:			

Notes: 1. This advice must be sent within 7 days of completing work. 2. This form can be used for certifying labour bills, bills for hire charges, earth work, turnkey civil contractors. 3. Wherever not applicable – fill NA. 4. Estimate and measurement sheets are not required for turnkey jobs where guideline rates are clearly given.





**Allowance for Consumables**  
B.Raminaidu  
ECIL

Date: 04.05.2021

**In favor of :** MC Modi Educational Trust.  
**Project / Site:** Manilal Modi Memorial Hospital .  
**Location:** Murharpally.

**Type of Work:** Scaffolding Wok.  
**Towards:** Allowance for Consumables.

S No.	Description	Amount
1.	Brief description of work done: West & South side scaffolding work. Total Amount = 27,648/- . Work done from date 13-03-2021 to 17-04-2021	Rs 5,529/-

Amount in words: Five Thousand Five hundred Twenty Nine rupees only.

Sign: \_\_\_\_\_

Bill for Labour Charges

B. Raminaidu,  
ECIL

Date: 04-05-2021.

**In favor of :** MC Modi Educational Trust.  
**Project / Site:** Manilal Modi Memorial Hospital.  
**Location:** Murharpally.

**Type of Work:** Scaffolding.  
**Towards:** Labour Charges

S No.	Description	Amount
1.	Brief description of work done: Towards West & South side Scaffolding work. Total Amount = 27,648 /- . Work done from date 13-04-2021 to 17-04-2021	Rs 11,059/-

Amount in words: Eleven thousand Fifty Nine rupees only.

Sign: \_\_\_\_\_

## Bill for Equipment Allowance

B.Raminaidu.  
ECIL

Date: 04-05-2021

**In favor of :** MC Modi Educational Trust.  
**Project / Site:** Manilal Modi Memorial Hospital.  
**Location:** Murharpally.

**Type of Work:** Scaffolding work  
**Towards:** Allowance for Equipment

S No.	Description	Amount
1.	Brief description of work done: Towards West & south side Scaffolding work. . Total Amount = 27,648/- . Work done from date 13-03-2021 to 17-04-2021	Rs.11,059/-

Amount in words: Eleven thousand Fifty Nine rupees only.

Sign: \_\_\_\_\_