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

Sl. No. – site bills register		1523		Date - site bill Register			lls	27-9-2			
Company Name:		r	nRMLL	P				SmR			
Name of Contractor								bes .			
Nature of work		Widga Sharker False Ceiling From Date 10-6-22 To Date 25-9-22									
Work done			m Date	10-6-22 To			Date	Date 25-9-2:			
SL No.	Villa/Flat/block no	1		Rate		Units Amo		ant	Contractors bill no		
1.	D-Brock Pla		-90-	904		95 S9.m		45501	OHI HO		
2.	no. HOL	-						1			
3.	Deieign folse ceilin										
4.	folse ceilin	9									
5.	Hall & Rin	ing									
6.	work				-						
8.		_									
9.											
10.		-					1				
11.	Total:							5-5-/			
Bill required			EYES DNO.			bill requi	44	44550/+			
Measurement &			Required			urement		Z Enclosed			
estin	nate sheet:	□ Not required			estimate sheet:			☐ Not enclosed			
POA	.oa OW		12135		PO/WO date:			23-1-22			
Remarks:											
Appr	roved by Project Ma	nage	r Appro	Approved by Design Team				Approved by M.D.			
-	: 27-9-23	Date:					Date:				
Sign		Sign:	Sign:				Sign:				
The second second	1 This advice sense be as	-	this 7 days of an				-				

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 absets are not required for turnkey jobs where guideline rates are clearly given.

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			-		S No.	Date:	repared By	Contractor Name:	Work Description:	Project:	Company Name:	ESTIMATION SHEET
			Design false ceiling		Item Head	27-09-2022	Sai Kumar	Vidya shankar	Design false ceiling	GMR	MRMLLP	ET
			Drawing & Dining		Item Description							
			90.00		Quantity					The state of the s		
			SQM		Units		Work order no. 92135					
			495.00		Rate		no. 92135			Sign:	Approved by:	
			44,550.00		Amount						y:	
44,550					Head Total						Rampasad	