

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

Sl. No. - site bills register	1749	Date - site bills Register	10/12/2022			
Company Name:	MRMLLP	Site:	GMR.			
Name of Contractor	Vidya Phakal					
Nature of work	Design false ceiling G-403					
Work done	From Date	To Date				
	10/11/2022	09/12/2022				
Sl. No.	Villa/Flat/block no.	Qty.	Rate	Units	Amount	Contractors bill no
1.	Towels G-Block	73	495	sqm	36135	
2.	flat no: G-403					
3.	design false					
4.	ceiling work done					
5.						
6.						
7.						
8.						
9.						
10.						
11.	Total:				36135	
Bill required	<input type="checkbox"/> YES <input type="checkbox"/> NO.	GST bill required	<input type="checkbox"/> YES <input type="checkbox"/> NO.			
Measurement & estimate sheet:	<input type="checkbox"/> Required <input type="checkbox"/> Not required	Measurement & estimate sheet:	<input type="checkbox"/> Enclosed <input type="checkbox"/> Not enclosed			
PO/WO no.	94674	PO/WO date:	05/12/2022			
Remarks :	All work done					
Approved by Project Manager	Approved by Design Team	Approved by M.D.				
Date:	Date:	Date:				
Sign:	Sign:	Sign:				

Note: 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.

MEASUREMENT SHEET

Company Name:	MRMLLP																		
Project:	GMR																		
Work Description:	Design false ceiling																		
Contractor Name:	Vidya shankar																		
Prepared By	Nagendar																		
Date:	10-12-2022																		
S No.	Item Head	Item Description	Length	Width	Height	Nos	E= AXBxCxD Quantity	F Units											
1	Design false ceiling																		
	G-403 BHK	Drawing & Dining	73.00	1.00	1.00	1.00	73.00	SQM											

Approved by:

Sign:

94674

Work order no

Purchase Order

05-12-2022 12:20:21

Original / Office Copy / Purchase Div.Copy

Modi Reality Mallapur LLP

5-4-187/3&3, II nd floor, Soham Mansion, MG Road, Secunderabad.

G S T No. : 36AAEFM1459R1ZP

Supplier Details

Mr. V. Vidya Shankar
Plot no. 171, Krishna Nagar Colony, Chengi Cherla, Ghatkesar Mandal,

GSTIN 36AEKPV0495G1Z2

9246889529

Doc No	94674	208339
Doc Date	05-12-2022	
Quote No	Nil	
Quote Date	05-12-2022	
SupplyType	Supply	

Kind Attn : Mr. V. Vidya Shankar

Purchase Order for the Supply of following Items.

Item Name	Qty	Rate	Dis%	GST	Amount
1 153500 - BUIL-Building Material - Design False Ceiling-Gypsum- - - - sqm	73.00	495.00	0.00	18.00	42,639.30
Total Order Value . . .					42,639.30

Rupees : Fourty Two Thousand Six Hundred Thirty Nine and Paise Thirty Only.

Terms and Conditions :-

- Specification / Brand Above rate as per guideline cir.no.852(E) dtd. 19-07-2021 issued by our M.D. and accepted by contractor. Above rates are inclusive of all.
- Payment Terms 50% as advance
- Tax All taxes included in above price.
- Delivery Date Within 7days.
- Delivery Location Gulmohar Residency
Survey No 19, Mallapur, Hyderabad. NExt to NFC Railway Over Bridge
Phone. Contact: Security _____, 8309938133
- Penalty For Delay Bills must be submitted to H.O. within 30 days of completion of work. 10% pty on value of order will be deducted for delay in submission of bills.
- Transportation Cost Included in the above price.
- Warranty One year on workmanship
- Advance Paid 43,615/- vide cheque no _____
- Other Terms We reserve the right to reject items not conforming to quality and specifications. Above order for G-Block flat no-403 purpose.
- Completion Date Work to be completed in 4days. Penalty of 5% of order value per week shall be levied for delay.
- Measurement Payment will be made as per measurement of laid and fixed material. Wastage at suppliers cost.
- Security Supplier shall be responsible for security and storage of material at site at its risk and cost.
- Remarks

Accepted the above Terms And Conditions

For Mr. V. Vidya Shankar

For Modi Reality Mallapur LLP
Authorised Signatory

Name : _____

Name : _____

Date : ___/___/___

3,252.
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