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

Sl. No. – site bills	_			Date	- site bil	lls	- 1	1 -		
register	81		Register			23/01/23. Innopolis				
Company Name:	GV	RC		Site:			Ton	2000		
Name of Contractor		Kira	0					37000		
Nature of work		2PPB		Myk	_					
Work done	From D	ate (0	-10-	23 To	Date	20-	01-23		
Sl. Villa/Flat/block n	o. Qt	у.	Rate		Units	Amo		Contractors		
No.								bill no		
949 411	-									
2. Lift (1'st grd -	89						1			
1 PYTU(C)	4		9000(40)- 3		000			
4.										
5.							1			
6.										
7.										
8.								Market Frank		
9.										
10.							1			
11.	Total:		MA			36	500	-		
Bill required	YES	□NO.		GST	bill requ	iired		CNO.		
Measurement &	Requ		alla.		suremen		Encl	osed		
estimate sheet:	□ Not	required		estimate sheet: PO/WO date:			□ Not enclosed			
PO/WO no.				PO/	WO date	:				
Remarks: Each	Lif-	- 4	1	xed	By	Soci	192 R	(9000)		
AS Der 1	abson	lit-	N	raw	90	chor	pring	is needed		
	,				0	0.4	1	, and		
Approved by Project M	App	Approved by Design Team				Approved by M.D.				
Date:		Date	::			I	Date:			
Sign: www.		Sign	1:			S	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.

				S.No		Bill Date	THOIR DAKE		Prepared By	Name of the Contractor			Project	Company Name	MEASUREMENT SHEET
		4545 west lift rcc wall	TICHI TICAU	Item Hand	21.01.2023	21 01 2022	02.01.2022-20.01.2023	Salman.MD	Cal	K.Kiran	Chipping work	Amilopolis	Innonalia	GVRC	
		Chipping rcc wall	Item Description												
	1.00		Length	A											
	1,00		Width	В										Approved by	
	1.00		Height	C										by	
	4.00	100	No's	D											
	4.00	Quantity	Omaria	E=AxBxCxD										Madhu.T	
	No's	units		F											
4.00		Item Head I otal	T. TT. LT.	G= Sum of E											

		S No.	Bill Date:	Prepared By	Name of the Contractor	Work Description:	Project:	Company France.	Company Name:	ESTIMATE SHEET
	1 4545 west lift	Item Head	21-01-2023	Salman.MD	K.Kiran	Chipping work	Innopolis	GVKC	Cumo	
	Lift rcc wall chipping work	Item Description								
	4.00	Quantity Units								
	No's	Units								
	9000(L/S)	Rate								
	36,000.00	Amount					To the state of th	Madhii T	Approved E	
36,000.00		Amount Item Head Total							sy	