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

SI. No. – site bills					11				
register	8	.1	Date	- site bil	ls				
Company Name:			Regis		23/01/20				
Name of Contractor	91	/RC	Site:		23/01/23 Innopolit				
Nature of work	Mac	ga bust				TUL	opolis		
	C	Ga 242	MOON	)					
Work done		Config Pate (1)	LON	10					
Sl. Villa/Flat/block n	o. Qty	, ,	3-01-		Date	18-	01-23		
NO.	(.)	. Ra	te	Units	Amou	int	Contractors		
4545 SOH	24'						bill no		
- Cleaning tou		2 /	10			1			
3. Group tour		5 2	1	Nois	14000/-				
4.	/(-					1			
5.									
6.									
7.									
8.									
9.									
10.						1			
	otal:				1.0				
Bill required	YES	NO	GST	bill requir	14,	000			
Measurement &	Requi					□ YES			
estimate sheet:	□ Not re		Meas	urement & ate sheet:	k e	sed			
PO/WO no.		quired		O date:		nclosed			
Remarks :			1 0/ W	o date:					
Kemarks :									
Approved by Project Man	nager	Approved	by Desig	gn Team	Apr	Approved by M.D.			
Date:		Date:				Date:			
Sign: Pally		Sign:		-	Sign:				
Notes: 1. This advice must be ser	t within 7 d	lave of completin	a work 2	TL:- C	1, 0				

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.

		1	4	u		2	1	0.10.	SNo		HOLN DAIL	work date	Bill Date:	7.11.7	Prepared By	Name of the Contractor	Name of the Country of the	Work Description	Project:	Company Maine.	Company Name:	MEASUREMENT SHEET
		4545		4545	4345	AFAF	4545	item Head			13-1-2023 to 18-1-2023	13 1 2023	20-01-2023	DIA HPHITES	Solmon Md	Naga bushanam	Sour cleaning	and the second	Innopolis	GVKC	Cumo	
			Taciloot	1st floor	ground floor	- Francisco	upperhasement	Item Description														
			1	-	1	-		Length	A													
			1		1	_	1	Width	В	,											1	
			1	,	1	1	- Bin	Height	C	,											Approved	2
-		1	1	,	1	1	1103.	Nos	ט				-									
13	13		л	J		ω	Quantity		E=AxBxCxD										organ.	sighn	Madhu	
1/5		1/5		1/5	1/2	1/5	Units		Ħ		-											
13							Hem Dead Total	Hand Total	G=Sum of E													

	-	1	S No.	CN	Bill Date;	WORK Date	W	Prepared By	LOLDE DIE COURT SCIOL	Name of the Control	Work Description:	a roject.	Project.	Company Name:	ESTIMATE SHEET
	4545	25.45	Item Head	15-1-2023 (0 18-1-2023	13-1-2023 + 18 1 2022	20-01-2023	IVIG.Salman	Ma	Nagabushanam	sollit cleaning	softer .	Innonalis	GVRC		
	soffit cleaning	1	Itam Description												
	13	Quantity Units													
	nos	Cuits					-								
170	1/5	Kate	,												
14000.0	14000 0	Amount									aum.i	Madh. T	Approved B		
TACCOCC	14000 0	Item Head Total											TV .		