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

r

Sl. No. – site bills register	142	2		Regi	- site bil ster	ls	30-0	flaver p	_
Company Name:	MP	PL		Site:			may	flower pl	otin
Name of Contractor	· · · · · · · · · · · · · · · · · · ·	. Kri	shn	9			\bigvee	,	-
Nature of work		Scaff			wa				-
Work done	From Dat	te		01-2	23	o Date		01-23	-
Sl. Villa/Flat/block no.	Qty.		Rate		Units	Amou	unt	Contractors bill no	-
1. B-2 eleva	tion								
2. Scaffoldi									
3. work	0								
4.									
5.	3,8	77-50	7.0	20	SFE	27,	142-50		
6.									
8.									
9.									
10.									
11.	Fotal:					27,10	+2.50		
Bill required	🗆 YES 💆	NO.			bill requi				
Measurement &	Require				urement a ate sheet:		⊢ Enclose □ Not enc		
estimate sheet: PO/WO no.	□ Not rec	uired			/O date:		T NOL CHC	losed	
Remarks :									
Approved by Project Mar	nager	Approv	ed by	Design	Team	App	roved by M	.D.	
Date: 24 222		Date:				Date			
Sign:	X	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.

MEASU	MEASUREMENT SHEET								
Company Name:	y Name:	MPL	Prepared by:		N.Subash				
Project:		May Flower Platinum							
Work De	Work Description:	Scaffolding Work							
Contract	Contractor Name:	K.Krishna							
Date:		31.01.2023							
			A	в	C				
S.No	Item Head	Item Description	Length	Width	Height	Nos	Quantity	Units	Total Head
	Scaffolding Work								
-	B2 Elevation work Scaffolding Work	Double	11.75	3.00	3.00 110.00	1.00	3,877.50 Sft	Sft	3,877.50

Bill for Labour charges. K.Krishna Malla[pur,Malkajgiri Hyderabad

Date : 30-01-2023

In favor of:	MPL
Project / Site:	MFP
Location:	82/1. Mallapur
Type of Work:	Scaffolding work.
Towards:	Allowance for Labour charges.

S No.	Description	Amount
1.	Brief description of work done: Towards B-2 flat elevation	
	work purpose.	D. 10 956 00/
	Total amount = $Rs27, 142.00./-$	Rs. 10,856.00/-
	Work done from date 05-01-2023 to 15-01-2023	

Amount in Words: Ten thousand eight hundred and fifty six Rupees Only.

Sign: _____

Bill for Equipment Allowance K.Krishna Malla[pur,Malkajgiri Hyderabad

Date : 30-01-2023

In favor of:	MPL
Project / Site:	MFP
Location:	82/1. Mallapur
Type of Work:	Scaffolding work.
Towards:	Allowance for Equipment.

S No.	Description	Amount
1.	Brief description of work done: Towards B-2 flat elevation	
-	work purpose.	
	Total amount = $Rs27, 142.00./-$	Rs. 10,856.00/-
	Work done from date 05-01-2023 to 15-01-2023	

Amount in Words: Ten thousand eight hundred and fifty six Rupees Only.

Sign: _____

Bill for Consumables. K.Krishna Malla[pur,Malkajgiri Hyderabad

Date : 30-01-2023

In favor of:	MPL
Project / Site:	MFP
Location:	82/1. Mallapur
Type of Work:	Scaffolding work.
Towards:	Allowance for Consumables.

S No.	Description	Amount
1.	Brief description of work done: Towards B-2 flat elevation	
	work purpose.	Da 5 428 00/
	Total amount = $Rs27,142.00./-$	Rs. 5,428.00/-
	Work done from date 05-01-2023 to 15-01-2023	

Amount in Words: Five thousand four hundred and twenty eight Rupees Only.

Sign: _____

				two Rupees Only	e Hundred and Fourty	Amount in words :- Twenty Seven Thousand one Hundred and Fourty two Rupees Only	
27,142.50		nount	Total Amount				
	27,142.50	7.00	Sft	3,877.50	Double	B2 Elevation work Scaffolding Work	1
						Scaffolding Work	
Grand Total	Amount	Rate	Units	Quantity	Item Description	Item Head	S.No.
					31.01.2023		Date:
					K.Krishna	Contractor Name:	Contracto
					Scaffolding Work	Work Description:	Work Des
					May Flower Platinum		Project:
		N.Subash		Prepared by:	MPL	y Name:	Company Name:
						ESTIMATE SHEET	ESTIMA