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Name of Contractor	T.P	Lu m	nar	na					
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Work done	From Dat	c	-20	12-	22 To	Date	06-	01-22	
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Approved by Project Manager Appr				oved by Design Team			Approved by M.D.		
Date: 10/2/27	>	Date:				Date	e:		
Sign: Maeluy		Sign:				Sign	:		

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

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.

93,075.95									
	cft	93075,95	1,00	5.83	77.50	206.00	Back filling	1 3600(1st row to 3rd row)	
Item Head Total	units	Quantity	No's	Height	Width	Length	<b>Item Description</b>	Item Head	
G= Sum of E	F	E=AxBxCxD	D	C	B	A			
								09.02.2023	Bill Date
			T					05.12.2023-06.01.2023	Work Date
								Salman,MD	Prepared By
								T.Kurmanna	Name of the Contractor
								Back filling	Work Description
			-			-		Innopolis	Project
					1	-		GVRC	Company Name
		Madhu.T		ed by	Approved by	- ·			MEASUREMENT SHEET

	130	S No. It	Bill Date: 09	Prepared By Sa	Name of the Contractor T,Kurmanna	Work Description: Ba	Project: In	Company Name: G	ESTIMATE SHEET
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