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

| Sl. No. – site bills register     | 1314                       | Date - site bills<br>Register |                |                               | 02/8/23     |         |                            |                        |  |  |
|-----------------------------------|----------------------------|-------------------------------|----------------|-------------------------------|-------------|---------|----------------------------|------------------------|--|--|
| Company Name:                     | SOV LLP                    |                               |                | Site:                         |             |         | SOV- <u>III</u>            |                        |  |  |
| Name of Contractor                | Basa                       | ppa.                          | $\mathcal{B}$  |                               |             | S - 5   |                            |                        |  |  |
| Nature of work                    | Poin<br>From Dat           | ting                          | wo'            | 8 K                           |             |         |                            |                        |  |  |
| Work done                         | From Da                    | te O                          | 02/7/23 To     |                               |             | To Date | Date 01/8/23               |                        |  |  |
| Sl. Villa/Flat/block no           | O. Qty.                    | Rate                          |                | Units                         |             | Amou    | ınt                        | Contractors<br>bill no |  |  |
| 1. Villa no. 193                  | 20                         | 40                            | 16.            | 80                            | SFt 34,     |         | 272/-                      |                        |  |  |
| 2. stage-11                       |                            |                               |                |                               |             |         |                            |                        |  |  |
| 3. Type-C1                        | -                          | -                             |                |                               |             |         |                            |                        |  |  |
| 5.                                |                            |                               |                | -                             | 0.1/        | C 1     | 001-                       |                        |  |  |
| 6.                                | +                          |                               |                | 15°I                          | 18/-        | 6,10    | 241                        |                        |  |  |
| 7.                                |                            |                               |                |                               |             |         |                            |                        |  |  |
| 8.                                |                            |                               |                |                               |             |         |                            |                        |  |  |
| 9.                                |                            |                               |                |                               |             |         |                            |                        |  |  |
| 10.                               |                            |                               |                |                               |             |         |                            |                        |  |  |
|                                   | 11. Total:                 |                               | GST bill requi |                               |             |         | Up,UU]/~<br>red ✓YES □NO.  |                        |  |  |
| Bill required                     | YES                        |                               |                |                               |             |         |                            |                        |  |  |
| Measurement & estimate sheet:     | ✓ Required  □ Not required |                               |                | Measurement & estimate sheet: |             |         | ✓ Enclosed  □ Not enclosed |                        |  |  |
| PO/WO no.                         |                            | torroquires                   |                |                               | PO/WO date: |         |                            |                        |  |  |
| Remarks:                          | 1                          |                               |                |                               |             |         |                            |                        |  |  |
|                                   |                            |                               |                |                               |             |         |                            |                        |  |  |
|                                   |                            |                               |                |                               |             |         |                            |                        |  |  |
|                                   |                            |                               |                |                               |             |         |                            |                        |  |  |
|                                   |                            |                               |                |                               |             |         |                            |                        |  |  |
| Approved by Project Manager Appro |                            |                               |                | ved by Design Team            |             |         | Approved by M.D.           |                        |  |  |
| Date: APPROVE                     | 1                          | Date:                         |                |                               |             | Date    | Date:                      |                        |  |  |
|                                   |                            |                               |                |                               | Sign:       |         |                            |                        |  |  |

Notes: 1 This active thust be sent within days of completing work. 2. This form can be used for certifying labour bitts, bitts for hire charges fearly work and measurement sheets are not required thinker of the charges.

| Company N                                | ama:         | CTI O I I I I             |          |       |       |           |                 |
|--|--------------|---------------------------|----------|-------|-------|-----------|-----------------|
| Company Name: Project: Work Description: |              | SIlver Oak Villas LLP-III |          |       |       |           |                 |
|  |              | Silver Oak Villas-III     |          |       |       |           |                 |
|  |              | Painting Work             |          |       |       |           |                 |
|  | e Contractor | Basappa                   |          |       |       |           |                 |
| Prepared By                              | У            | KTulasi Rani              |          |       |       |           |                 |
| Date:                                    |              | 02-08-2023                |          |       |       |           |                 |
| S No.                                    | Item Head    | Item Description          | Quantity | Units | Rate  | Amount    | Item Head Total |
| 1  | Type-C1      | Villa no.193 (Stage-II)   | 2040.00  | sft   | 16.80 | 34,272.00 |                 |
|  |              | Duplex                    |          |       |       | 71,212.00 |                 |
|  |              | Total Amount in wor       |          |       |       | Amount:   | 34,272.00       |

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| (EM            | IENT SHEET |                           |         |       |        |         |          |       |                |
|----------------|------------|---------------------------|---------|-------|--------|---------|----------|-------|----------------|
| ny Name:       |            | SIlver Oak Villas LLP-III |         |       |        | Approve | d by:    |       |                |
| et:            |            | Silver Oak Villas-III     |         |       |        | Sign:   |          |       |                |
| rk Descrip     | otion:     | Painting Work             |         |       |        |         |          |       |                |
| ontractor Name |            | Basappa                   |         |       |        |         |          |       |                |
| Prepared By    |            | KTulasi Rani              |         |       |        |         |          |       |                |
| Date:          |            | 02-08-2023                |         |       |        |         |          |       |                |
| S No.          | Item Head  | Item Description          | Length  | Width | Height | Nos.    | Quantity | Units | Item Head Tota |
| Paint          | ting Work  |                           |         |       |        |         |          |       |                |
| 1              | Type-C2    | Villa no.193 (Stage-II)   | 2040.00 | 1.00  | 1.00   | 1.00    | 2040.00  | Sft   |                |
|                |            | Duplex                    |         |       |        |         |          |       |                |
|                |            |                           |         |       |        |         |          |       |                |