Anx B-Work Completion Report

| | | | Date: | 1 | | Date: | Date: PAY Date: Date | | Date: |
|--------|--------------------------------------------|-------------------------------|---------------------|----------|-------------|---------------------|---------------------------------|------------------|-----------------------------|
| | | | Sign: | 20 | | Sign: | Mary Sign: | | Sign: |
| | E&D team | Approved by Director/E&D team | Approved l | + | am | Approved by QS team | | project ma | Approved by project manager |
| | | | | | | | | | Remarks: |
| 20,205 | Total amount including taxes for work done | ıding taxes | ount incl | Total am | | | | | |
| 20,205 | Lotal | | | | | | | | |
| | | | | | | | | | 10 |
| | | | | | | | | | 9 |
| | | | | | | | | | 8 |
| | | | | | | | | | 7 |
| | | | | | | | | | 6 |
| | | | | | | | | | 5 |
| 10,102 | 0.40 | rcc220 | sft | 25256 | | floor | North and south block 4th floor | | ω |
| 10,102 | 0.40 | rcc220 | sft | 25256 | | floor | North and south block 3rd floor | | 1 |
| Amount | Rate | Rate ID | Units | Qty | | Details of work | Do | Unit/floor no | Sl. No. |
| | | equired? | GST bill required? | | | Contractor bill | 4 | 04-05-2024 | WO date |
| | | d? | WO issued? | | 26-05-2024 | Work done to | | | WO no. |
| | | bill ID. | M-codex bill ID. | | 19-04-2024 | Work done from | south | north and south | Block no. |
| | | lls reg. | Dt. site bills reg. | | curing bund | Nature of work | | GV-ONE | Project/site |
| | HTCH | SI. No. site bills reg. 424 | Sl. No. si | | b das | Name of | a | Crescentia | Company |

Notes: 1. This sheet replaces installation report and advice for credit to contractors. 2. This word form must be typed. 3. Use this form even if work order is not issued. 4. Attach measurement and estimate sheets only if required i.e., details cannot be entered above. 5. For bill amount greater than 10k QS manager and directors approval is required. 6. For bill amount less than 10k any QS team member may sign and in place of director sign of respective E&D member to be taken. 7. Director include – Soham, Anand Mehta (for GHT + GMR), Sachin (for Vivopolis), B. anand Kumar (for site and QS by email. 11. Contractors must submit original bills at HO (can be sent by courier). NGH + NRK). 8. Entry of rate ID is mandatory. 9. This sheet must be sent within 2 working days of work completion (with or without contractors bill). 10. Contractors to send scanned copy of bill to

| 20205 | | | | | | | |
|-----------------|-------------|------|-------|----------|------------------|------------|--------------------------------|
| | 10102 | 0.4 | sft | 25256 | 3rd curing bunds | | |
| | 10102 | 0.4 | sft | 25256 | 3rd curing bunds | civil work | 1 |
| Item Head Total | Amount | Rate | Units | Quantity | Item Description | Item Head | S No. |
| | | | | | | 29-06-2024 | Bill Date: |
| | | | | | | sultan | Prepared By |
| | | | | | | b das | Name of the Contractor b das |
| | | | | 3. | | civil work | Work Description: |
| | | | | | | GV-ONE | Project: |
| | Subbareddy | | | | | Crescentia | Company Name: |
| | Approved By | | | | | | ESTIMATE SHEET |
| | | | | | | | |

| | | | | | | | | | | - | | |
|------------------------|------------------|------------------|-----------|------------|-----------|-------------|------------------------|------------------|---------|--------------|-------------------|--|
| | | s.no | | Bill Date | Work Date | Prepared By | Name of the Contractor | Work Description | Project | Company Name | MEASUREMENT SHEET | |
| | civil work | Item Head | | 29.06.2024 | | sultan | B das | misc civil work | GV-ONE | Crescentia | | |
| 4th floor curing bunds | 3rd curing bunds | Item Description | | | | | | | | | | |
| 154 | 154 | Length | A | | | | | | | | | |
| 82 | 82 | Width | В | | | | | | | | Approved by | |
| 1 | 1 | Height | С | | | | | | | | by | |
| 2 | 2 | No's | D | | | | | | | | | |
| 25256 | 25256 | Quantity | E=AxBxCxD | | | | | | | | Subbareddy | |
| sft | sft | units | Ŧ | | | | | | | | | |