## 1709209412\_Intl memo no. 918-001\_- Anx B - Work Completion Report\_28-02-2024\_ver3.xlsx

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Notes: 1. This she i.e., details cannot E&D member t working da	Sign:	Approved by	Remarks:				10	5	9	8	7	6	5	4	3	2	1	Sl. No.	WO date	WO no.	Block no.	Project/site	Company
te replaces installation report and a be entered above. 5. For bill amou to be taken. 7. Director include – Siys of work completion (with or wi	1	Approved by project/manage	· ·														E block safety net work	Unit/floor no			E block safety net work	GMR	MRMILLP
Notes: 1. This sheet perfaces 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 assued. 4. Attach measurement and estimate sheets only it required notes: 1. This sheet perfaces 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 assued. 4. Attach measurement and estimate sheets only it required is not as a superface installation report and advice for credit to contractor sign of respective 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 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 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 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 i.e., details cannot be entered above. 5. For bill amount less than 10k any QS team member may sign and in place of director sign of respective i.e., details cannot be entered above. 5. For bill amount less than 10k any QS team member may sign and in place of director sign of respective i.e., details cannot be entered above. 5. For bill amount less than 10k any QS team member may sign and in place of director sign of respective i.e., details cannot be entered above. 5. For bill amount less than 10k any QS team member may sign and in place of director sign of respective i.e	Date:	Sign:	Approved by QS team														Safety net brackets cutting & welding works	Details of work	Contractor bill no.	Work done to date	Work done from date	Nature of work	Name of contractor
be typed. 3. Use this for is required. 6. For bill a wopolis), B. anand Kum copy of bill to site and to																	vorks			10.08.24	01.08.24	Frabication work	B. Thirupathi Raju
rm even if work order Imount less than 10k : ar (for NGH + NRK; QS by email. 11. Con		(0)	1		Total a												150.00 Kgs	Qty				ork	Raju
any QS team meming.  S. Entry of rate I tractors must subn	Date:	Sign:	Approved by Director/E&D team		Total amount including taxes for work done	A											Kgs	Units	GST bill required?	WO issued?	M-codex bill ID	Dt. site bills reg.	Sl. No. site bills reg.
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r sign of respective be sent within 2 by courier).					5,250		5,250										5,250	Amount		A DE PERSONAL CORP.			

1 1	S No.	Date:	Prepared By	Contractor Name:	Work Description:	Project:	Company Name:	ESTIMATE SHEET
MS frabication work	Item Head		,	Name:	iption:		ame:	SHEET
Safety net brackets cutting & welding	Item Description	30.08.24	Nagendar	B. Thirupathi raju	Frabication work	Gulmohar Residency	MRMLLP	
150.00 Kgs	Quantity							
Kgs	Units							
35.00	Rate					Sign:	Approved by: Ahmed	
5,250	Amount						Ahmed	

1	S No.		Date:	Prepared By	Contra	Work L	Project:	Compa	MEAS
MS frabication work	Item Head			d By	Contractor Name:	Work Description:		Company Name:	MEASUREMENT SHEET
Safety net brackets cutting & welding	Item Description		30.08.24	Nagendar	B. Thirupathi raju	Frabication work	Gulmohar Residency	MRMLLP	
6.00	Length	A							
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1.00	Height	С					Sign:	Approve	
25.00	Nos	D						d by:	
150	Quantity	E= AxBxCxD						Ahmed	
kgs	Units	F							

## Allowance for Consumables

B. Thirupathi raju Mallapur Hyderabad

Date: 30.08.2024.

In favor of:

**MRMLLP** 

Project / Site:

Gulmohar Residency

Location:

Mallapur

Type of Work: Towards:

Frabication work

Allowance of consumables

S No.	Description	Amount
1.	Brief description of work done: Towards E block safety net bracket cutting & welding work  Total amount =5,250/  Work done from date 01.08.24 to date 10.08.2024.	Rs.1,050/-

Amount in words: One thousand fifty rupees Only.

Sign:		-

## Bill for Equipment Allowance

B. Thirupathi raju Mallapur Hyderabad

Date: 30.08.2024.

In favor of:

**MRMLLP** 

Project / Site:

Gulmohar Residency

Location:

Mallapur

Type of Work:

Frabication work

Towards:

Allowance of equipment.

S No.	Description	Amount
1.	Brief description of work done: Towards E block safety net bracket cutting & welding work	Rs.2100/-
	Total amount =5,250/	
	Work done from date 01.08.24 to date 10.08.2024.	

Amount in words: Two thousand one hundred rupees Only.

a:				
Sign:		-	-	-

## Allowance for Labour charges

B. Thirupathi raju Mallapur Hyderabad

Date: 30.08.2024.

In favor of:

**MRMLLP** 

Project / Site:

Gulmohar Residency

Location:

Mallapur

Type of Work:

Frabication work

Towards:

Allowance of labour charges.

S No.	Description	Amount
1.	Brief description of work done: Towards E block safety net bracket cutting & welding work	Rs.2100/-
	Total amount =5,250/ Work done from date 01.08.24 to date 10.08.2024.	

Amount in words: Two thousand one hundred rupees Only.

Sign:		