Company	MRGMLLP	Name of contractor	Yousuf Ali	IS	Sl. No. site bills reg.	3836	
Project/site	Gulmohar Residency	Nature of work	Falseceiling work	Q	Dt. site bills reg.	28-01-2025	
Block no.	H,F,G	Work done from date	10-11-2024	M	M-codex bill ID.		
WO no.			10-12-2024	W	WO issued ?		
WO date		Contractor bill no.		G	GST bill required?		
SI No. Unit/floor no	or no Details of work		Qty	Units	Rate ID Rate	e Amount	ount
	H,F,G Bathroom False ceiling	H,F,G Bathroom False ceiling work at F-105,C-303,C-403,H-106					
2	G-602,G-303,G-304,G-404	404	16	7	Nos FAL109	850	13,600
3,							
4.	Bathroom false ceiling I	Bathroom false ceiling Re-fixing due to leakages					170
S.	F-303,H-503,H-306,H-405,D-601	405,D-601	5		Nes FAL109	058	4,230
6.							
7.						Sub total	17,850
.8						GST 18%	
9.						Total	17,850
10.							
Remarks:					Approved by Director/F&D team	am	
Approved by project manager	nager	Approved by US team		2.7	sproved of Encountered to		
Sign: (A)	K	Sign:		Sign			
	Several Second	Date:			Date.		

Anx B – Work Completion Report

Date:

 Date:
 Date:

 Notes: 1. This sheat 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 Schonn. Anand Mehra (for GHT + GMR), Sachin (for Vivopolis). B. anand Kumar (for 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 site and QS by email. 11. Contractors must submit original bills at HO (can be

sent by courier).

											-					
							1	S.No		Date:	Contractor Name:	Work De	Project:	Company Name	NSU	
	F-303,H-503,H-306,H-405,D-601	to Leakage purpose.	Bathroom Falseceiling Kelixing due	6-303,6-304,6-404	C 303 C 304 C 404	at F-105,C-303,C-403,H-106,G-602	Bathroom False ceiling work	Item Head			or Name:	Work Description:		Name:	ASUREMENT SHEET	
	F-303,H-503,H-306,H-405,D-601	to Leakage purpose.	Baithfoom Falseceiling Kenxing due	0-000,0-001,0-101	C-303 C-304 C-404	at F-105,C-303,C-403,H-106,G-602	Bathroom False ceiling work	Item Description		28.01.25	Yousuf Ali	Falsceiling Work	GMR	MRMILLP		
	5.00			0.00	00.8			Length	A					Prepared by:		
	1.00						-	Width	в							
	1.00				1.00			Height	С							
	1.00	- 00			2.00			Nos								
	0.00	< 00			16.00			Quantity								
	CONT	Nor			Nos			Units								
		7			16		1	Total Head								

b