


Ann B – Work Completion Report

Sl. No.	Unit/floor no	Details of work	Qty	Units	Rate ID	Rate	Amount	
1.	F.C.H	Bathroom false ceiling work at F-105, C-303, 403, H-1106,						
2.		G-602, G-303, 304, G-404	16	Nos	FAL109	850	13,600	
3.								
4.		Bathroom False Ceiling Refixing due to leakage						
5.		F-303, H-503, H-306, H-405, D-601	5	Nos	FAL109	850	4,250	
6.								
7.								
8.								
9.								
10.								
Sub total							17,850	
GST 18%							3,213	
Total							21,063	

Remarks:

Approved by project manager
 Sign: 
 Date: 04/02/2025

Approved by QS team
 Sign: _____
 Date: _____

Approved by Director/E&D team
 Sign: _____
 Date: _____

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 -- Sahn, Anand Mehta (for GH1 - GMR), Sachin (for Vivepols), B. Anand Kumar (for VGH + VKK), 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).

