Anx B - Work Completion Report

d actionate shoots only			Date:			Date:	13/1/25 Date: Date:		Date:
			Sign:			Sign:	16Pel	1.1.1	Sign:
) team	Approved by Director/E&D team	Approved b		QS team	Approved by QS team	Spir 199	Approved by project manage	Approved b
							eted	Work completed	Remarks:
26,467	or work done	otal amount including taxes for work done	al amount in	Tot					
0		Add GST @							
26,467	Total								
									13
									12
									11
									10
									9
									8
									7
									6
									5
									4
13,155	1.75	pt136	Sft	7,517		mer coat	compoundwall internal primer coat		3
6,144	ω	pt137	Sft	2,048			obd coat		2
7,168	1.75	pt136	Sft	4,096			lift primer coat	AMS801	1
Amount	Rate	Rate ID	Units	Qty		Details of work		Unit/floor no	Sl. No.
								Sultan	Prepare by.
	YES		GST bill required?		Inv. 50	Contractor	2	28-09-2024	WO date
	YES		WO issued?		13-02-2025	Work done to			WO no.
		ID.	M-codex bill ID.		13-02-2025	Work done		AMS801	Block no.
	13-02-2025		Dt. site bills reg.		painter	Nature of		AMS801	Project/site
	3	d				contractor	MEDI OFFIC OCCURATION	PVT. LTD	Company
	1	ills reg.	Sl. No. site bills reg.		vivek kumar	Name of	M/s AMTZ MEDPOLIS SOLIARE 801 Name of	M/s AMTZ	Company

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 NGH + NRK). 8. Entry of rate ID is mandatory. 9. Notes: 1. This sheet replaces installation report and advice for credit to contractors. 2. This word form must be typed. 3. Ose this burney in the report and advice for credit to contractors. 2. This word form must be typed. 3. Ose this burney in the report and advice for credit to contractors. 2. This word form must be typed. 3. Ose this burney is the report and advice for credit to contractors. 2. This word form must be typed. 3. Ose this burney is the report and advice for credit to contractors. 2. This word form must be typed. 3. Ose this burney is the report and advice for credit to contractors. 2. This word form must be typed. 3. Ose this burney is the report and advice for credit to contractors. 3. This word form must be typed. 3. Ose this burney is the report and advice for credit to contractors. 3. This word form must be typed. 3. Ose this burney is the report and advice for credit to contractors. 3. This word form must be typed. 3. Ose this burney is the report and advice for credit to contractors. 4. This word form must be typed. 3. Ose this burney is the report and the rep HO (can be sent by courier). 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

MEASUREMENT SHEET							
Company Name:	M/s. AMTZ MEDPOLIS SQUARE 801 PVT. LTD.		Approved by:		N. Leela Venkatesh		
Project:	AMS801		Sign				
Work Description:	painter		Work start date:	te:	13-02-2025		
Contractor:	vivek kumar		Work end date:	c:	13-02-2025		
Prepared By:	Sultan ali		Date:		25-10-2024		
		>	В	C	D	E=AxBxCxD	F
S No. Item Head	Item Description	Length	Width	Height	Nos.	Quantity	Units
1 AMS801	lift primer coat	32	-	2	2	4,096.000	Sft
2	obd coat	32	-	2	_	2,048.000	Sft
3	compoundwall internal primer coat	1139	-	6.6	1	7,517.400	Sft

ESTIMATE SHEET					Approved by:	Approved by: N. Leela Venkatesh
Company Name:	M/s. AMTZ MEDPOLIS SQUARE 801 PVT, LTD.					
Project:	AMS801					
Work Description:	painting					
Prepared By	Sultan ali					
Date:						
S No. Item Head	Item Description	Quantity	Units	Rate	Amount	Item Head Total
1 AMS801	lift primer coat	4 096	\$	175	7 168 00	
2	obd paint 1st coat	2,048	Sft	3	6.144.00	
	compoundwall internal primer coat	7517	S#	1.75	13 155 45	
3						26 467 45