

Anx B – Work Completion Report

Company		MPPL	Name of contractor	Yousuf Ali	Sl. No. site bills reg.	1548			
Project/site		MPL	Nature of work	Bathroom false ceiling work done	Dt. site bills reg.	24-03-2025			
Block no.		C	Work done from date	24-11-2024	M-codex bill ID.				
WO no.			Work done to date	24-03-2025	WO issued ?				
WO date			Contractor bill no.		GST bill required?				
Sl. No.	Unit/floor	Details of work			Qty	Units	Rate ID	Rate	Amount
1	C	Bathroom false ceiling			2.00	No's	FAL109	850.00	1,700
2		C-206,C-901							
3									
4									
5									
6									
7									
8									
9									
10									
								GST18%	306
								Total	2,006
Remarks:									
Approved by project manager			Approved by QS team			Approved by Director/E&D team			
Sign:			Sign:			Sign:			
Date:			Date:			Date:			
<p>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 NGH + NRK). 8. Entry of rate ID is mandatory. 9. This sheet must be sent within 2 working days of work completion (with or</p>									

ESTIMATION SHEET

Company Name:	MPPL				Approved by:
Project:	MPL				Sign:
Work Description:	Bathroom false ceiling				
Contractor Name:	Yousuf Ali				
Prepared By	G Rajesh				
Date:	24-03-2025				

S No.	Item Head	Item Description	Quantity	Units	Rate	Amount
1	Bathroom false ceiling					
	C-206,C-901	Bathroom false ceiling	2	No's	850	1700
					Gst18%	306
						2006