Anx B – Work Completion Report

Company	AMTZ Medpolis Square 4554 Pvt Ltd	Name of contractor	Amit	Sl. No. site bills reg.	80
Project/site	AMS4554	Nature of work	Painting	Dt. site bills reg.	12-08-2025
Block no.	AMS4554	Work done from date	01-08-2025	M-codex bill ID.	
WO no.	NA	Work done to date	02-08-2025	WO issued ?	NA
WO date	NA	Contractor bill no.	NA	GST bill required?	NA

Sl. No.	Unit/floor no	Details of work	Qty	Units	Rate ID	Rate	Amount
1	AMS4554/L.stilt	Scaffolding Signature Marking	3200	No,s	PT162	5	16,000
							16,000
						Add GST @ 0%	0
						Total amount including taxes for work done	**16,000**

Remarks:

Approved by project manager	Approved by QS team	Approved by Director/E&D team
Sign:	Sign:	Sign:
Date:	Date:	Date:

APPROVED BY
12 AUG 2025
N Leela Venkatesh
Project Manager

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 signature – Sohael, 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 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).

ESTIMATE SHEET						Approved by:	N. Leela Venkatesh	
Company Name:	AMTZ Medpolis Square 4554 Pvt Ltd							
Project:	AMS4554							
Work Description:	Scaffolding Signature Marking							
Prepared By	T.Divya Kanth							
Date:	12-08-2025							
S No.	**Item Head**	**Item Description**	**Quantity**	**Units**	**Rate**	**Amount**	**Item Head Total**	**Remarks**
1	Painting	1.2 Meter Ledgers	1035.00	No.s	5	5,175	5,175	
		2 Meter Ledegers	1490.00	No.s	5	7,450	7,450	
		3 Meter Verticals	675.00	No.s	5	3,375	3,375	
						Total	16,000	

MEASUREMENT SHEET

Company Name:	AMTZ Medpolis Square 4554 Pvt Ltd	Approved by:	N Leela Venkatesh
Project:	AMS4554	Sign:	
Work Description :	Scaffolding Signature Marking	Work start date:	01-08-2025
Contractor:	Amit	Work end date:	02-08-2025
Prepared By:		Date :	12-08-2025

			A	B	C	D	E	F=AxBxCxDxE	G	H=Sum of F
S No.	Item Head	Item Description	Length	Width	Height	Nos	Unit wt/mtr	Quantity	Units	Item Head Total
1	painting	1.2 Meter Ledgers	1.00	1.00	1.00	1035	-	1035.00	Nos	1,035
		2 Meter Ledegers	1.00	1.00	1.00	1490	-	1490.00	Nos	1,490
		3 Meter Verticals	1.00	1.00	1.00	675	-	675.00	Nos	675
									TOTAL	3,200

APPROVED BY

12 AUG 2025

N. Leela Venkatesh
Project Manager

Allowance For Equipment
AMIT
AMTZ
Visakhapatnam

Date: 12-08-2025

In favor of : M/s. AMTZ MEDPOLIS SQUARE 4554 PVT. LTD.
Project/Site: AMS4554
Location: Visakhapatnam

Type of Work: Painting

Towards : Signature Mark Painting

S.No.	Description	Amount
1	Scaffolding Signature Marking	16,000.00
	Total amount: 16,000.00	

Amount in words: Sixteen Thousand Only.

Sign: _____

Labour Charges
AMIT
AMTZ
Visakhapatnam

Date: 12-08-2025

In favor of : M/s. AMTZ MEDPOLIS SQUARE 4554 PVT. LTD.
Project/Site: AMS4554
Location: Visakhapatnam

Type of Work: Painting

Towards : Signature Mark Painting

S.No.	Description	Amount
1	Scaffolding Signature Marking	**16,000.00**
	Total amount: **16,000.00**	

Amount in words: Sixteen Thousand Only.

Sign: _____

Allowance For Consumables
AMIT
AMTZ
Visakhapatnam

Date: 12-08-2025

In favor of : M/s. AMTZ MEDPOLIS SQUARE 4554 PVT. LTD.
Project/Site: AMS4554
Location: Visakhapatnam

Type of Work: Painting

Towards Signature Mark Painting

S.No.	Description	Amount
1	**Breif description of work:** Scaffolding Signature Marking	**16,000.00**
	Total amount: **16,000.00**	

Amount in Word: Sixteen Thousand only.

Sign:_____