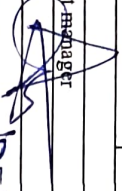


Anx B – Work Completion Report

Company		MRGM LLP		Name of contractor		Yousuf Ali		Sl. No. site bills reg.		4-203	
Project/site		GMR		Nature of work		False ceiling		Dt. site bills reg.		01-11-2025	
Block no.		G		Work done from date		10-10-2025		M-codex bill ID.			
WO no.				Contractor bill no.		28-10-2025		WO issued ?			
W/O date								GST bill required?			
Sl. No.	Unit/floor/room	Details of work		Qty	Units	Rate ID	Rate	Amount			
1.	G	Bathroom PVC False ceiling work									
2.		at G-102,B-205,H-107,A-408 C-403,H-406,									
3.				12	Nos	FAL109		850	10,200		
4.		Removing & Refixind due to leakages									
5.		B-505,H-304,H-104,C-303,F-301,F-403		6	Nos	FAL109		850	5,100		
6.											
7.											
8.											
9.											
10.											
Remarks:											
Approved by project manager				Approved by QS team		Approved by Director/E&D team					
Sign: 				Sign:		Sign:					
Date: 10-11-25				Date:		Date:					
								GST 18%			
								Total			
								2,754			
								18,054			

Notes: 1. This sheet replaces installation report and advice for credit to contractors. 2. This work 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 – Sudam, Anand Mehta (for GHT + GMR), Sachin (for Vivropolis), 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).

[illegible][illegible]

[illegible][illegible]