

Anx B – Work Completion Report

Company	AMTZ Medpolis Square 4554 Pvt Ltd		Name of contractor	Amit	Sl. No. site bills reg.	169
Project/site	AMS4554		Nature of work	Painting	Dt. site bills reg.	24-11-2025
Block no.	AMS4554		Work done from date	05-11--2025	M-codex bill ID.	
WO no.	20251122030		Work done to date	08-11-2025	WO issued ?	Yes
WO date	22-11-2025		Contractor bill no.	NA	GST bill required?	No
Sl. No.	Unit/floor no	Details of work		Qty	Units	Rate
1	AMS4554 / Level 01,02,03&04	East elevation External painting behind structural glazing (Primer + Paint)		3512.00	Sft	7.99
					Amount	28,060.88
						28,061
					Add GST @	0%
					Total amount including taxes for work done	
					28,061	

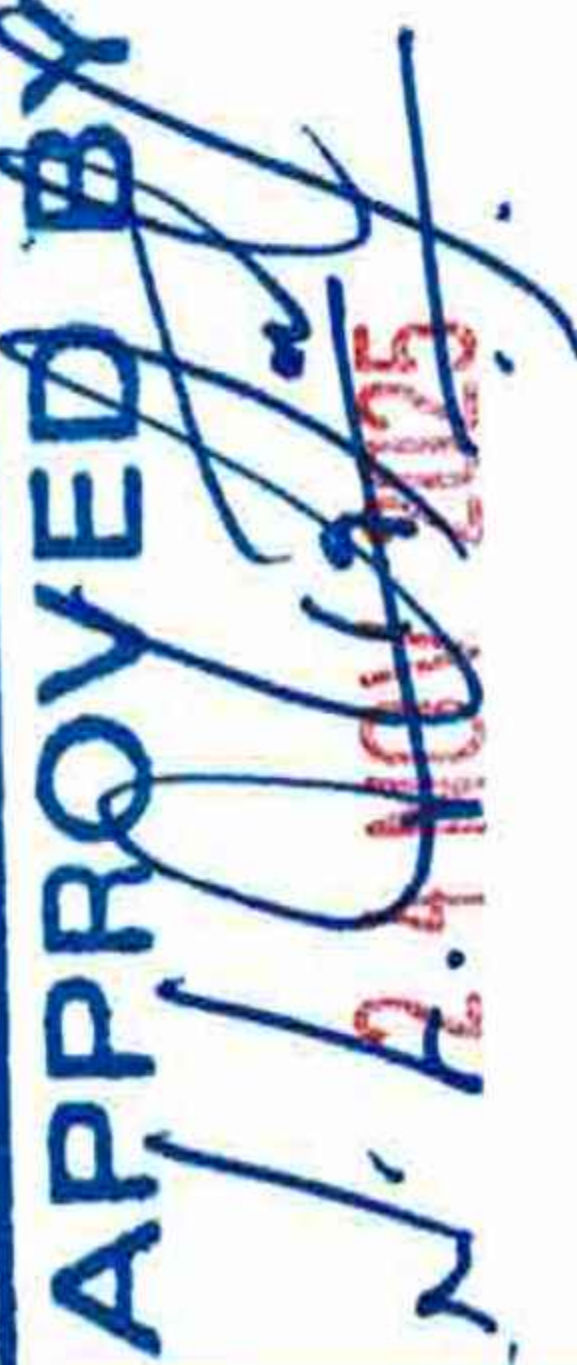
Remarks:		
Approved by QS team	Approved by Director/E&D team	
Sign:	Sign:	
Date:	Date:	

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 taken. 5. This sheet must be signed by 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. Entry of rate ID is mandatory. 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).

Bill No 169 Amit East elevation painting Bill _ AMS4554.xlsx

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MEASUREMENT SHEET												
Company Name:		AMTZ Medpolis Square 4554 Pvt Ltd					Approved by:		N. Leela Venkatesh			
Project:		AMS4554					Sign:					
Work Description :		East elevation painting work					Work start date:		05-11-2025			
Contractor:		Amit					Work end date:		08-11-2025			
Prepared By:		N. Leela Venkatesh					Date :		24-11-2025			
		A	B	C	D	E	F=AxBxCxDxG				H=Sum of F	
S No.	Item Head	Length		Width	Height	Nos.	Unit wt/mtr	Quantity	Units		Item Head Total	
1	Painting Works	1.00		1.00	1.00	-	-	3512.00	Sft		3,512.00	
									TOTAL		3,512.00	

APPROVED BY

24-11-2025
LEELA VENKATESH.N.
Project Manager

Allowance For Equipment
Amit
AMTZ
Visakhapatnam

Date: 24-11-2025

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

Type of Work: Painting

Towards : Allowance For Equipment

S.No.	Description	Amount
1	East elevation External painting behind structural glazing (primer & paint)	11,224.40
Total amount:		28,061.00

Amount in word: Eleven Thousand Two Hundred & Twenty Four Rupees Forty paise Only
/-

Sign: _____

Labour Charges

Amit

AMTZ

Visakhapatnam

Date: 24-11-2025

In favor of : M/s. AMTZ MEDPOLIS SQUARE 4554 PVT. LTD

Project/Site: AMS4554

Location: Visakhapatnam

Type of Work: Painting

Towards : Labour Charges

S.No.	Description	Amount
1	East elevation External painting behind structural glazing (primer & paint)	11,224.40
Total amount:		28,061.00

Amount in word: Eleven Thousand Two Hundred & Twenty Four Rupees Forty paise
Only /-

Sign: _____

Allowance For Consumables

Amit
AMTZ
Visakhapatnam

Date: 24-11-2025

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

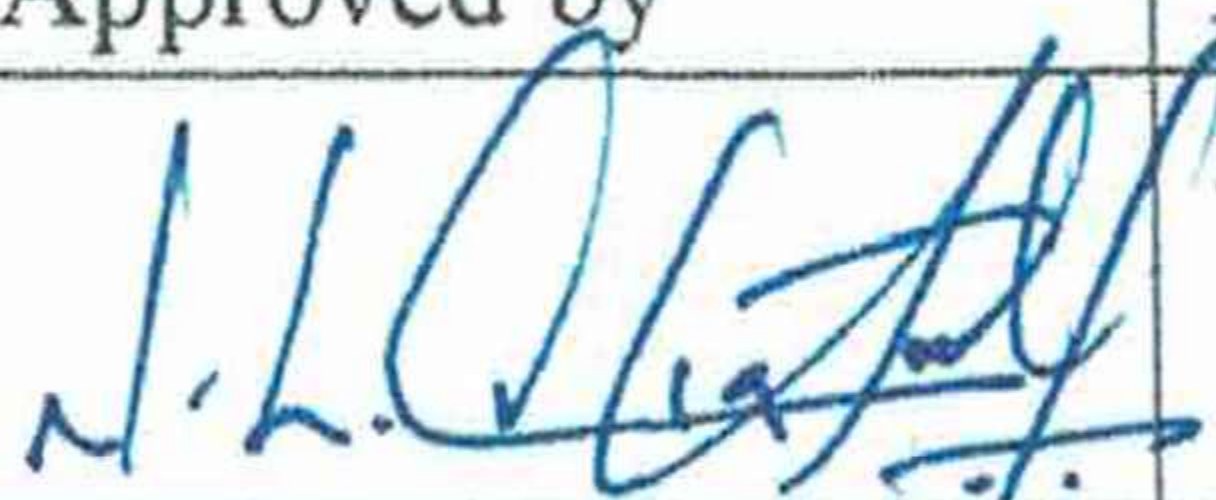
Type of Work: Painting

Towards Allowance For Consumables

S.No.	Description	Amount
1	East elevation External painting behind structural glazing (primer & paint)	5,612.20
	Total amount:	28,061

Amount in Word: Five Thousand Six Hundred & Twelve Rupees Twenty Paise Only
/-

Sign: _____

DEBIT VOUCHER			
Company/Firm	AMTZ Medpolis Square 4554 pvt.ltd		
Project	AMs4554		
Voucher no.			
Account head			
Debit from	Amit		
Towards/description of work	Towards paints supply against painting work for east elevation external as per Po No-(20250915052)		
Location of work	AMTZ		
Period	From:	20-11-25	To: 26-11-25
Amount in Rs.	21025/-		
Amount in words	Twenty one thousand twenty five rupees only/-		
Mode of payment	Cheque/trf no.	Date	Bank
	Bank Payment		
Prepared by	Approved by	Receivers name	Receivers signature
Bhavani		Amit	

2Notes: 1. Print full sheet. 2. To be used for all minor maintenance works. 3. Details of labour, hire charges, material may be printed/written overleaf. 4. Project may differ from location of work. a