

Ann B – Work Completion Report

Company	AMTZ Medpolis Square 4554 Pvt Ltd	Name of contractor	Harish	Sl. No. site bills reg.	220		
Project/site	AMS4554	Nature of work	Scaffolding work	Dt. site bills reg.	30-12-2025		
Block no.	AMS4554	Work done from date	15-12-2025	M-codex bill ID.			
WO no.	NA	Work done to date	30-12-2025	WO issued ?	No		
WO date	NA	Contractor bill no.	NA	GST bill required?	No		
Sl. No.	Unit/floor no	Details of work	Qty	Units	Rate ID	Rate	Amount
1	AMS 4554	West elevation openable windows fixing purpose scaffolding tying	280	Sft		3.5	980
2	AMS 4554	SW corner duct scaffolding laying for texture work & glazing work	5292	Sft		3.5	18,522
3	AMS 4554	Scaffolding laying & removing in Level 01, 02 & 03 toilets for false ceiling work	1080	Sft		5.5	5,940
						25,442	
						Add GST @ 0%	0
Total amount including taxes for work done							
Remarks:							
Approved by project manager		Approved by Director/E&D team					
Sign:	APPROVED BY		Sign:				
Date:	<i>Nisha Devi 30/12/21</i>		Date:				
<p>Note: 1. This form is for work 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. 5. Project Manager 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 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).</p>							



MEASUREMENT SHEET



Allowance For Equipment

A. Harish

AMTZ

Visakhapatnam

Date: 30-12-2025

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

Project/Site: AMS4554

Location: Visakhapatnam

Type of Work: MS scaffolding work

Towards : Allowance For Equipment

S.No.	Description	Amount
1	Scaffolding Work	10,176.80
	Total amount:	25,442.00

Amount in word: Ten Thousand One Hundred & Seventy Six Rupees Eighty Paise Only /-

Sign: _____

Labour Charges
A. Harish
AMTZ
Visakhapatnam

Date: 30-12-2025

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

Project/Site: AMS4554

Location: Visakhapatnam

Type of Work: MS scaffolding work

Towards : Labour Charges

S.No.	Description	Amount
1	Scaffolding Work	10,176.80
Total amount:		25,442.00

Amount in word: Ten Thousand One Hundred & Seventy Six Rupees Eighty Paisa Only
/-

Sign: _____

Allowance For Consumables**A. Harish**

AMTZ

Visakhapatnam

Date: 30-12-2025

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

Type of Work: MS scaffolding work

Towards Allowance For Consumables

S.No.	Description	Amount
1	Scaffolding Work	5,088.40
	Total amount:	25,442

Amount in word: Five Thousand Eighty Eight Rupees Forty Paise Only /-

Sign: _____