

Aux B – Work Completion Report

Company	M/s AMTZ Medpolis square 4554	Name of contractor	Harish	Sl. No. site bills reg.	259		
Project/site	AMS 4554	Nature of work	Scaffolding work	Dt. site bills reg.			
Block no.		Work done from date		M-codex bill ID.			
WO no.		Work done to date		WO issued ?			
WO date		Contractor bill no.		GST bill required?			
Sl. No.	Unit/floor no	Details of work	Qty	Units	Rate ID	Rate	Amount
1	4554	North side in side duct .tying and removing	980	SN		5.50	5,390
2		Electrical panel room rolling shuttering purpose	440	SN		5.50	2,420
3		Toilet falseceiling work purpose	600	SN		5.50	3,300
		South side lobbys for ceiling work purpose					
		tying and removing	450	SN		5.50	2,475
Total amount for work done							13,585
Remarks:							
Approved by	APPROVED BY	Approved by QS team	Approved by Director/E&D team				
Sign:		Sign:	Sign:				
Date:	10 JAN 2026	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., detail sketch. 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 MEP member. 7. For bill amount less than 10k any QS team member may sign and in place of director sign of respective MEP member. 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 H/O (can be sent by courier).

[Signature]

APPROVED BY

10 JAN 2026

T. RAJESH
MEP PROJECT

MEASUREMENT SHEET

MEASUREMENT SHEET									
Company Name:		AMTZ 4554			Approved by:				
Project:		AMS 4554			Sign:				
Work Description :		Scaffolding work			Work start date:				
Contractor:		Harish			Work end date:				
Prepared By:		Rajesh			Date :		09-01-2026		
			A	B	C	D	E=AxBxCxD	F	G=Sum of E
S No.	Item Head	Item Description	Length	width	Height	Nos.	Quantity	Units	Item Head Total
1	4554	North side in side duct tying and removing	14	1	70	1	980	sft	980
2		Electrical panel room rolling shuttering purpose	15.00	1.00	15.00	2.00	450	sft	450
3		Toilet false ceiling work purpose	20.00	1.00	15.00	2.00	600	sft	600
		South side lobbys for ceiling work purpose tying and removing	15.00	1.00	10.00	3.00	450	sft	450



APPROVED BY

10 JAN 2026

T. RAJESH KUMAR
MEP PROJECT MANAGER

Allowance For Equipment
Harish
AMTZ
Visakhapatnam

Date: 10-01-2026

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

Type of Work: Scaffolding Work

Towards : Allowance For Equipment

S.No.	Description	Amount
1	Scaffolding Tying & removeing	5,434.00
Total amount:		13,585.00

Amount in word: Five Thousand Four Hundred Thirty Four Rupees Only /-

Sign: _____

Labour Charges
Harish
AMTZ
Visakhapatnam

Date: 10-01-2026

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

Type of Work: Scaffolding Work

Towards : Labour Charges

S.No.	Description	Amount
1	Scaffolding Tying & removeing	5,434.00
	Total amount: 13,585.00	

Amount in word: Five Thousand Four Hundred Thirty Four Rupees Only /-

Sign: _____

Allowance For Consumables

Harish
AMTZ
Visakhapatnam

Date: 10-01-2026

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

Type of Work: Scaffolding Work

Towards Allowance For Consumables

S.No.	Description	Amount
1	Scaffolding Tying & removeing	2,717.00
	Total amount: 13,585	

Amount in word: Two Thousand Seven Hundred Seventeen Rupees Only /-

Sign: _____