Annexure -- A -- Record of material issued to/received from contractors

Name of Firm/Company	MCMCT	Project name /location	Manilal Modi Memorial Hospital
Sign of project manager:		Sign of admin: Pushpalatha	Sign of security: Ajay / Sign of admin audit:

S. No	Date of issue	Material description	Qty	Units	Rate*	Amount*	Issued by*	Issued to*	Tally dr/ cr no.	Sign of Builder	Sign of Contractor

Notes: 1.* Rates and amount are exclusive of GST. 2. Issued by can be Contractor or Builders. Same for issued to. 3. Builders sign must be of project manager or admin officer at site. 4. Write on alternate lines 5. Start with fresh page at the end of each week (Friday to Thursday). 6. Check rate with purchase/PO/WO.