AKANKSHA BUILDERS

214, The Pentagon , Pune - Satara Road , Near Panchami Hotel, Parvati ,Pune - 411009

RA Bill

Project	: THE CAMELIA PHASE I	**Work Order No**	: 233
Contractor	: MD KASHIM	**Work Order Date**	: 07/12/2024
Adress	:	**Work Order Value**	: 1,722,000.00
Work Group	:	**Building Name**	:
Phone	:	**RA Bill No**	: 1,270
PAN	: CAQPK9357L	**RA Bill Date**	: 09/01/2025
ST No	:		:
VAT/TIN No	:	**Cont. Bill No**	:
GST No	Maharashtra	**Cont. Bill Date**	: 07/01/2025 00:00:00
Executed By	: MD KASHIM	UNAPPROVED	

Description of items	Unit	Rate	WO Qty	Previuos Qty	Current Qty	Upto Date Qty	Current Amt	Cummulative Amt
RCC WORK								
A B AND C wing top terrace parapet wall reinforcement work	Sq.mtr.	300.00	700.00	0.00	673.65	673.65	2,02,095.00	2,02,095.00
A-wing steel - elevation ohwt parapet wall MRL 0	Ton	7,200.00	25.00	25.00	0.00	25.00	0.00	1,80,000.00
B - wing steel Elevation ohwt parapet wall MRL 0	MT	7,200.00	30.00	30.00	0.00	30.00	0.00	2,16,000.00
C - wing steel - elevation ohwt parapet wall MRL 0	M.T.	7,200.00	50.00	50.00	0.00	50.00	0.00	3,60,000.00
					Total Certified labour Amount :		2,02,095.00	9,58,095.00

ADVANCE DETAILS IF ANY

Uptodate Advance Amount: Uptodate Advance Recovery: Balance Amount: TDS :

ADVANCE RECOVERY DETAILS IF ANY

Remark:

Narration :

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Payment Summary			
Description	**Upto previous bill Amount**	**Current Bill**	**Cumulative Amount**
A) Payments			
1) Total Certified Amount	7,56,000.00	2,02,095.00	9,58,095.00
2) Service Tax	0.00	0.00	0.00
3) VAT	0.00	0.00	0.00
4) GST Provider Amt	0.00	0.00	0.00
5) Other Charges	0.00	0.00	0.00
6) Credits	0.00	0.00	0.00
Sub total A	**7,56,000.00**	**2,02,095.00**	**9,58,095.00**
B) Recoveries			
1) Retention 0.00 %	37,800.00	0.00	37,800.00
2) TDS %	0.00	0.00	0.00
3) Advance Recovered	0.00	0.00	0.00
4) Debit / Discount	0.00	0.00	0.00
Sub total B	**37,800.00**	**0.00**	**37,800.00**
C) Total Payments (A-B)	**718,200.00**	**2,02,095.00**	**9,20,295.00**

Net Payable Amount :

Amount in words : RUPEES TWO LAC TWO THOUSAND NINETY-FIVE ONLY

Voucher No : Date :

Remark :

Prepared By	**Checked By**	**Approved By**	**Contractor Signature**
Kranti Gasone			MD KASHIM