

CHECKLIST FOR BILL SUBMISSION - SUPPLIERS

SUPPLIER	PARTY CODE
BILL NO	DATE
ORDER NO	DATE

A GENERAL

- | | | |
|---|---|--------------------------|
| 1 | BILL IN ORIGINAL PLUS THREE COPIES SUBMITTED | <input type="checkbox"/> |
| 2 | WHERE VAT IS APPLICABLE:
TAX INVOICE - ORIGINAL FOR BUYER GIVEN | <input type="checkbox"/> |
| 3 | BILL IS SIGNED | <input type="checkbox"/> |
| 4 | BILL IS WITHOUT OVER WRITING, ALTERATION | <input type="checkbox"/> |
| 5 | BANK GUARANTEE, AS REQUIRED BY P O HAS BEEN
SENT IN BANK'S SEALED ENVELOPE | <input type="checkbox"/> |
| 6 | REGISTERED FOR ECS MODE OF PAYMENT | <input type="checkbox"/> |

B STAGE PAYMENT AGAINST DISPATCH

- | | | |
|---|---|--------------------------|
| 1 | INSPECTION REPORT OF DESIGNATED AUTHORITY -
ITEMS AS PER BILL & ORDER MATCHED - ENCLOSED | <input type="checkbox"/> |
| 2 | TEST CERTIFICATE OF DESIGNATED AUTHORITY -
ITEMS AS PER BILL & ORDER MATCHED - ENCLOSED | <input type="checkbox"/> |

3 GUARANTEE CERTIFICATE ENCLOSED

4 PROOF OF DISPATCH / RECEIPT OF MATERIALS
CLAIMED IN THE BILL ENCLOSED

C FINAL / BALANCE PAYMENT

1 CLEAR GOOD RECEIPT NOTE (GRN) OF ALL ITEMS
CLAIMED IN THE BILL ENCLOSED

2 NO OBJECTION CERTIFICATE OF ORDERING
DEPARTMENT OF GRSE, WHERE PAYMENT TO BE
RELEASED AFTER EXPIRY OF GUARANTEE PERIOD

**D 100% / PAYMENT AFTER ACCEPTANCE OF
MATERIALS**

1 INSPECTION REPORT OF DESIGNATED AUTHORITY -
ITEM AS PER BILL & ORDER MATCHED - ENCLOSED

2 TEST CERTIFICATE OF DESIGNATED AUTHORITY -
ITEMS AS PER BILL & ORDER MATCHED - ENCLOSED

3 GUARANTEE CERTIFICATE ENCLOSED

4 PROOF OF DISPATCH / RECEIPT OF MATERIALS
CLAIMED IN THE BILL ENCLOSED

5 CLEAR GOOD RECEIPT NOTE (GRN) OF ALL ITEMS
CLAIMED IN THE BILL ENCLOSED

E ANY OTHER SPECIFIC DOCUMENT AS PER ORDER

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NOTE TRANSACTION FEE OF RS 500.00 FOR FIRST RETURN & RS 1000.00 FOR SUBSEQUENT RETURN OF BILL WITH INAPPROPRIATE DOCUMENTS, WILL BE CHARGED.

CHECKLIST FOR BILL SUBMISSION -CONTRACTORS

CONTRACTOR BILL NO ORDER NO	PARTY CODE DATE DATE	
1	BILL IN ORIGINAL PLUS THREE COPIES DULY CERTIFIED WITH JOB NO BY THE DESIGNATED PERSON OF THE PRODUCTION / ORDERING DEPARTMENT - SUBMITTED	<input type="checkbox"/>
2	JOB COMPLETION CERTIFICATE OF DESIGNATED AUTHORITY - - ENCLOSED	<input type="checkbox"/>
3	BANK GUARANTEE, AS REQUIRED BY THE TERMS OF THE ORDER HAS BEEN SENT TO FINANCE IN BANK'S SEALED ENVELOPE	<input type="checkbox"/>
4	SECURITY DEPOSIT AS PER ORDER SUBMITTED	<input type="checkbox"/>
5	FORM 83/84 FOR WORKS CONTRACT SUBMITTED	<input type="checkbox"/>
6	MATERIAL RECONCILIATION STATEMENT AS PER THE TERMS OF THE ORDER - ENCLOSED.	<input type="checkbox"/>
7	INSURANCE POLICY AS PER TERMS OF THE ORDER - ENCLOSED	<input type="checkbox"/>
8	SERVICE TAX REGISTRATION NO, WHEREVER APPLICABLE, IS MENTIONED IN THE INVOICE.	<input type="checkbox"/>

9 ANY OTHER SPECIFIC DOCUMENTS AS PER ORDER

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