## 1Stop A/C Bill

Name fo work-Situation of work-Agency by which work is executed-Date of measurement-No. and date of agreement. (These four lines should be repeated at the commencement of the measurements relating to each work.) Details of actual measurement Contents of Particulars area No.

5 Sch. XLV-Form No. 134 Details of actual measurement Contents of Particulars area No. В. Continuation

Sch. XLV—Form No. 134 Details of actual measurement Contents of Particulars area

Continuation