Bill of quantity



WORK ORDER (CMMS)	test12251015	JOB NO	test
LOCATION	test	OUTLINE AGREEMENT NO	test test
WORK ORDER TYPE	SLA		

test

test

Bills

					nase order/ nan belian		Vendor claim, Tuntutan kon			
No.	Code/ Kod	Work description/ Keterangan kerja	Discount(%)/ Diskaun(%)	Unit	Rate Kadar	Quantity Kuantiti	Total price/ Jumlah harga	Quantity Kuantiti	Total price/ Jumlah harga	Remarks/ Keterangan
1	TNB	1.1.4 ESTIMATE,STLGHT,INDVD W REPORT,D,N,W,P Pemasangan Baru Lampu Jalan pada tiang TNB/dinding bangunan dengan pendawaian sediada/pencawang Anggaran kos bagi permohonan lampu baru individu lengkap mengikut laporan PSI (LKKK) berserta gambar plan lokasi ditapak. (Siang,Malam,Hujung Minggu,Cuti Umum)	1%	SET	RM24.80	1	RM24.55	1	RM24.55	
2	TNB	1.1.1(a) INST,STLGHT,ACCS,WIRING,HOUSING,D,N,W,P Pemasangan Baru Lampu Jalan pada tiang TNB/dinding bangunan dengan pendawaian sediada/pencawang Memasang set lantern pada saiz tiang TNB 7.5 meter dan 9 meter termasuk bracket serta aksesori dan sambungan ke dawai pengalir lampu jalan. (Bracket, IPC, PECU, Mini Isolating Switch dan dawai pengalir dibekalkan oleh TNB) Kawasan Taman/perumahan baru (Siang,Malam,Hujung Minggu,Cuti Umum)	20%	SET	RM51.60	1	RM41.28	1	RM41.28	
					Т	otal bills	RM65.83		RM65.83	

WORK ORDER (CMMS)	test12251015	JOB NO	test
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WORK ORDER TYPE	SLA		

Surcharge (Optional)

Code/ Kod	Description/ Keterangan	Rate (%) Kadar (%)	Total price/ Jumlah harga	Total price/ Jumlah harga
		No data		
		Total surcharge	RM0.00	RM0.00
		Sub total	RM65.83	RM65.83

Penalty (Optional)

Parameter	Period/ Periode	Total days/ Jumlah hari	Penalty quantum	Total price/ Jumlah harga	
No data					
			Total Penalty	RM0.00	

Summary

	Purchase order/ Pesanan belian		Vendor claim/ Tuntutan kontraktor	
Total penalty/ Total penalti	Sub total	Grand total/ Jumlah keseluruhan	Sub total	Grand total/ Jumlah keseluruhan
-RM0.00	RM65.83	RM65.83	RM65.83	RM65.83

WORK ORDER (CMMS)	test12251015	JOB NO	test
LOCATION	test	OUTLINE AGREEMENT NO	test test
WORK ORDER TYPE	SLA		
Provided by :	Agreed by :		Certified by :
Name & Signature IFM Technician	Name & Signature		Name & Signature FM Executive
Date:	Contractor Repre Date:		PM Executive Date: