



## INVOICE

| BILL TO   |  |
|---|--|
| <b>M/s DOHA DRUG STORE</b>  |  |
| Ms. Silpa S Kartha<br>jenefer@dohadrugstore.com,qc@dohadrugstore.com,<br>Doha-Qatar<br>44058615 |  |
| PROJECT/SITE  |  |
| DOHA DRUG STORE (COLD ROOM AMC)   |  |

|              |
|--------------|
| DATE         |
| 25/09/2025   |
| INVOICE NO.  |
| 1200053      |
| PO NO.       |
| AMC CONTRACT |



| #                               | DESCRIPTION الوصف   | QTY الكمية | UNIT PRICE سعر الوحدة | TOTAL PRICE السعر الإجمالي |
|---------------------------------|---|------------|-----------------------|----------------------------|
| 1                               | <b>Settlement of Monthly Payment for Cold Room AMC<br/>Covering SEPT 2025</b> | 1          | 1333.00               | 1333.00                    |
| 2                               |   |            |                       | 0.00                       |
| 3                               |   |            |                       | 0.00                       |
| 4                               |   |            |                       | 0.00                       |
| 5                               |   |            |                       | 0.00                       |
| 6                               |   |            |                       | 0.00                       |
| 7                               |   |            |                       | 0.00                       |
| 8                               |   |            |                       | 0.00                       |
| 9                               |   |            |                       | 0.00                       |
| 10                              |   |            |                       | 0.00                       |
| 11                              |   |            |                       | 0.00                       |
| Remarks / Payment Instructions: |   |            |                       | SUBTOTAL 1333.00           |
|                                 |   |            |                       | DISCOUNT 0.00              |
|                                 |   |            |                       | Balance Due QR1,333.00     |



Beneficiary Details:  
**Mitri Engineering Services**  
 Tel/Fax: +974 44876142  
 Doha - Qatar  
 Bank Details:  
 Bank Name: Commercial Bank of Qatar (Q.S.C.)  
 IBAN: QA64CBQA00000004580580187001  
 Account No.: 4580-580187-001  
 Swift code: CBQAQQA  
 Branch: GRAND HAMAD STREET



METRI ENGINEERING SERVICES W.L.L

مترى للخدمات الهندسية ذ.م.م

Date:- 20-9-25

Doha Drug Store  
Monthly Maintenance Checklist  
Walk-In Chiller

Report #

UNIT NO: 04000954 / unit - 1

| S.No. | DESCRIPTION OF MAINTENANCE ACTIVITIES                   | REMARKS               |
|-------|---|-----------------------|
| 1     | Clean the condenser coil properly.                      | Cleaned.              |
| 2     | Check the operation of LP/HP Switches /Solenoid valve.  | Checked.              |
| 3     | Check and clean condensate drain line and tray.         | Checked & Cleaned.    |
| 4     | Check the evaporator fans operation.                    | Checked.              |
| 5     | Record operating amps of compressor.                    | 4.7 A.m.p             |
| 6     | Compressor Cut-in Tempreature.                          | 4.4 °C                |
| 7     | Compressor Cut-out Tempreature.                         | 6.2 °C                |
| 8     | Inspect and tighten all loose electrical connections.   | Tighten.              |
| 9     | Check and verify compressor oil level.                  | Checked. okay.        |
| 10    | Check if there is any leak.                             | Checked. no Any leak. |
| 11    | Check refrigerant level.                                | Checked okay.         |
| 12    | Check evaporator Coil and clean wirh brush if necessary | Checked & Cleanned.   |

REMARKS:

# Unit Working fine.

MES technician name and signature

ASHOK KUMAR

20-9-25



client's representative name ad signature

OMAR DAWOOD

20-09-2025

20-09-2025



Date:- 20-9-25

Doha Drug Store  
Monthly Maintenance Checklist  
Walk-In Chiller

Report #

UNIT NO: OF000139 / unit - 2

| S.No. | DESCRIPTION OF MAINTENANCE ACTIVITIES                   | REMARKS               |
|-------|---|-----------------------|
| 1     | Clean the condenser coil properly.                      | Cleaned.              |
| 2     | Check the operation of LP/HP Switches /Solenoid valve.  | Checked.              |
| 3     | Check and clean condensate drain line and tray.         | Checked & Cleanned.   |
| 4     | Check the evaporator fans operation.                    | Checked.              |
| 5     | Record operating amps of compressor.                    | 5.4 A.m.p             |
| 6     | Compressor Cut-in Tempreature.                          | 4.2 °C                |
| 7     | Compressor Cut-out Tempreature.                         | 5.8 °C                |
| 8     | Inspect and tighten all loose electrical connections.   | Tighten               |
| 9     | Check and verify compressor oil level.                  | Checked. Okay.        |
| 10    | Check if there is any leak.                             | Checked. no Any leak. |
| 11    | Check refrigerant level.                                | Checked okay          |
| 12    | Check evaporator Coil and clean wirh brush if necessary | Checked & Cleanned.   |

REMARKS:

# unit Working fine.

MES technician name and signature

ASHOK. Kumar

20-9-25



client's representative name ad signature

Omar Dargham

20-09-2025