

**Date:** 24-01-2024

**To:** Test CS test

**Address 1:** Sa

**Address 2:** Sa

**Address 3:** Sa

**City:** As

**Pincode:** 121100

**State:** Sa

**Authorized Representative:** Ssa

**Project ID:** 20/23-24

**FY:** 2023-2024

**Project Name:** Test 2 FEB

**BU No:** 7

Sr. No.	Heading	Particulars	Rate	Units	Days	SqFt/Exch rate	Base Amount
1	heading name 1	Heading particulars 1	100	5	10	2	10000
2	heading name 2	Heading particulars 2	100	5	10	2	10000
3	heading name 3	Heading particulars 3	100	5	10	2	10000
4	heading name 4	Heading particulars 4	100	5	10	2	10000
5	heading name 5	Heading particulars 5	100	5	10	2	10000
6	heading name 6	Heading particulars 6	100	5	10	2	10000
7	heading name 7	Heading particulars 7	100	5	10	2	10000
8	heading name 8	Heading particulars 8	100	5	10	2	10000
9	heading name 9	Heading particulars 9	100	5	10	2	10000
10	heading name 10	Heading particulars 10	100	5	10	2	10000
11	heading name 11	Heading particulars 11	100	5	10	2	10000
Sub-Total							110000
Add EMC (%)					10		11000

Sr. No.	Heading	Particulars	Rate	Units	Days	SqFt/Exch rate	Base Amount
Total Bill w/o gst (Rs)							121000

**Project Details**

**Project Owner:** Test CS-Mng

**Ops Manager:** OPS test

**Start date of Event:** 22-01-2024

**End date of Event:** 01-02-2024