



CV SOLUTIONS

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044 43585462

No.610, D Block, Lancor Holdings Ltd (Lumina) Apartment, Nellikuppam Road,
Kayarambedu, Guduvanchery - 603202.

E-Mail : cvolutionschennai@gmail.com / hr@cvolutions.co.in
web : www.cvolutions.co.in

Bill No: 139

Date: 31st October 2024

To

M/S Travel Food Services Private Limited
Central Kitchen & Office
Central Kitchen, Next to S2 Police Station,
Chennai International Airport, Chennai,
Tamil Nadu, 600027
SAC Code: 998519
GST Number: 33AADCB2762L1ZP

Dear Sir,

We hereby submitting the bill for the Month of 01st October to 31st October 2024

| S. No | Designation | No. of Person | Pay Rates (Rs.) | Amount (Rs.) |
|----------------|-------------------------------|---------------|-----------------|---------------|
| 1 | Warehouse | 47 | (19479/31) | Rs. 29,533.00 |
| 2 | Reliever Charges for Week Off | 8 | (19479/31) | Rs. 5,027.00 |
| Total | | | | Rs. 34,560.00 |
| CGST 9% | | | | Rs. 3,110.40 |
| SGST 9% | | | | Rs. 3,110.40 |
| Invoice Amount | | | | Rs. 40,781.00 |

(Rs. Forty Thousand Seven Hundred Eighty One Only)

For CV Solutions

Authorized Signatory

Thank you

PAN - AAIFC1408J
GST No: 33AAIFC1408J1ZS
ESIC NO: 51001031400000999
EPF NO: TB/TBM/63120



Handwritten signature
14/11/24

CV SOLUTIONS

WAREHOUSE ATTENDANCE FOR THE MONTH OF OCTOBER 2024

| S.NO | DATE | MORNING | GENERAL | AFTERNOON | NIGHT | TOTAL | W.OFF | TOTAL NOS |
|------|------------|---------|---------|-----------|-------|-------|-------|-----------|
| 1 | 01-10-2024 | | 2 | | | 2 | | |
| 2 | 02-10-2024 | | 2 | | | 2 | | |
| 3 | 03-10-2024 | | 2 | | | 2 | | |
| 4 | 04-10-2024 | | 2 | | | 2 | | |
| 5 | 05-10-2024 | | 2 | | | 2 | | |
| 6 | 06-10-2024 | | | | | 0 | | |
| 7 | 07-10-2024 | | 2 | | | 2 | | |
| 8 | 08-10-2024 | | 2 | | | 2 | | |
| 9 | 09-10-2024 | | 2 | | | 2 | | |
| 10 | 10-10-2024 | | 2 | | | 2 | | |
| 11 | 11-10-2024 | | 1 | | | 1 | | |
| 12 | 12-10-2024 | | 2 | | | 2 | | |
| 13 | 13-10-2024 | | | | | 0 | | |
| 14 | 14-10-2024 | | 2 | | | 2 | | |
| 15 | 15-10-2024 | | 1 | | | 1 | | |
| 16 | 16-10-2024 | | 1 | | | 1 | | |
| 17 | 17-10-2024 | | 1 | | | 1 | | |
| 18 | 18-10-2024 | | 2 | | | 2 | | |
| 19 | 19-10-2024 | | 2 | | | 2 | | |
| 20 | 20-10-2024 | | | | | 0 | | |
| 21 | 21-10-2024 | | 1 | | | 1 | | |
| 22 | 22-10-2024 | | 1 | | | 1 | | |
| 23 | 23-10-2024 | | 1 | | | 1 | | |
| 24 | 24-10-2024 | | 2 | | | 2 | | |
| 25 | 25-10-2024 | | 2 | | | 2 | | |
| 26 | 26-10-2024 | | 2 | | | 2 | | |
| 27 | 27-10-2024 | | | | | 0 | | |
| 28 | 28-10-2024 | | 2 | | | 2 | | |
| 29 | 29-10-2024 | | 2 | | | 2 | | |
| 30 | 30-10-2024 | | 2 | | | 2 | | |
| 31 | 31-10-2024 | | 2 | | | 2 | | |
| | | 0 | 47 | 0 | 0 | 47 | 8 | 55 |

Month: OCTOBER 2024

Works Manager

PF No. :

★ Hour to be paid include paid Holidays and leave with wages.
 All Minutes to be mentioned in decimals.
 VPS - 5.3K-07-11

Name : PENCILYIA S.K

Father's Name :

Designation :

Department :

Emp. No. : D.O.J. :

All Employees should work minimum of 15 days notice period when they are Resigning, if the notice period is not served we will not process the salary, if there is no Intimation of Resigning we will not process the salary.

Page 2

| Date | IN | OUT | Total OT Hours | Supervisor's Signature |
|------|-------------------------|-------|----------------|------------------------|
| 1 | 9:30 | 6:30 | | |
| 2 | <u>GRANDHI JAYANTHI</u> | | | |
| 3 | | LEAVE | | |
| 4 | | LEAVE | | |
| 5 | | LEAVE | | |
| 6 | <u>WEEK OFF</u> | | | |
| 7 | | LEAVE | | |
| 8 | | LEAVE | | |
| 9 | | LEAVE | | |
| 10 | | LEAVE | | |
| 11 | 9:30 | 6:35 | | |
| 12 | 9:30 | 6:30 | | |
| 13 | <u>WEEK OFF</u> | | | |
| 14 | 9:20 | 6:30 | | |
| 15 | 9:30 | 6:30 | | |
| 16 | 9:30 | 6:30 | | |

Page 3

| Date | IN | OUT | Total OT Hours | Supervisor's Signature |
|---------------------|-----------------|------|------------------------|------------------------|
| 17 | 10:15 | 6:30 | | |
| 18 | 9:30 | 6:30 | | |
| 19 | 11:10 | 6:30 | | |
| 20 | <u>WEEK OFF</u> | | | |
| 21 | 9:30 | 6:30 | | |
| 22 | 9:40 | 6:30 | | |
| 23 | 9:00 | 6:40 | | |
| 24 | 9:55 | 6:30 | | |
| 25 | 9:50 | 6:40 | | |
| 26 | 9:30 | 6:30 | | |
| 27 | <u>WEEK OFF</u> | | | |
| 28 | 9:30 | 6:10 | | |
| 29 | 9:45 | 6:30 | | |
| 30 | 9:30 | 3:30 | | |
| 31 | <u>DEVALY</u> | | | |
| Total Mandays | | | Total O.T. Hours | |

4/11/24
 ID: 1016766

Works Manager

Month : OCTOBER 2024

PF No. :

★ Hour to be paid include paid Holidays and leave with wages. All Minutes to be mentioned in decimals. VPS - 5.3K-07-11

Name : NAGARAJAN - C

Father's Name :

Designation :

Department :

Emp. No. : D.O.J. :

All Employees should work minimum of 15 days notice period when they are Resigning, if the notice period is not served we will not process the salary, if there is no Intimation of Resigning we will not process the salary.

Page 2

| Date | IN | OUT | Total OT Hours | Supervisor's Signature |
|------|---------|----------|----------------|------------------------|
| 1 | 9:30 | 6:30 | | <i>[Signature]</i> |
| 2 | GRANDHI | JAYANTHI | | <i>[Signature]</i> |
| 3 | 9:20 | 6:55 | | <i>[Signature]</i> |
| 4 | 9:20 | 6:40 | | <i>[Signature]</i> |
| 5 | 9:20 | 6:30 | | <i>[Signature]</i> |
| 6 | | WEEK OFF | | |
| 7 | 9:20 | 6:40 | | <i>[Signature]</i> |
| 8 | 9:35 | 6:40 | | <i>[Signature]</i> |
| 9 | 9:20 | 6:30 | | <i>[Signature]</i> |
| 10 | 9:30 | 6:30 | | <i>[Signature]</i> |
| 11 | | LEAVE | | |
| 12 | 9:25 | 6:30 | | <i>[Signature]</i> |
| 13 | | WEEK OFF | | |
| 14 | 11:00 | 5:15 | | <i>[Signature]</i> |
| 15 | | LEAVE | | |
| 16 | | ABSENT | | |

Page 3

| Date | IN | OUT | Total OT Hours | Supervisor's Signature |
|---------------|------|----------|------------------|------------------------|
| 17 | | ABSENT | | |
| 18 | 9:20 | 6:30 | | <i>[Signature]</i> |
| 19 | 9:20 | 6:30 | | <i>[Signature]</i> |
| 20 | | WEEK OFF | | |
| 21 | | ABSENT | | |
| 22 | | ABSENT | | |
| 23 | | ABSENT | | |
| 24 | | ABSENT | | |
| 25 | | ABSENT | | |
| 26 | | ABSENT | | |
| 27 | | WEEK OFF | | |
| 28 | | LEAVE | | |
| 29 | 9:25 | 6:30 | | <i>[Signature]</i> |
| 30 | 9:20 | 6:30 | | <i>[Signature]</i> |
| 31 | | DEVALY | | |
| Total Mandays | | | Total O.T. Hours | |

[Signature]
4/11/24
AD: 1016766

Works Manager

Month : **OCTOBER - 2024**

PF No. :

★ Hour to be paid include paid Holidays and leave with wages.
All Minutes to be mentioned in decimals.
VPS - 5.3K-07-11

Name : **RAJESRANJEL**

Father's Name :

Designation :

Department :

Emp. No. : D.O.J. :

All Employees should work minimum of 15 days notice period when they are Resigning, if the notice period is not served we will not process the salary, if there is no Intimation of Resigning we will not process the salary.

Page 2

| Date | IN | OUT | Total OT Hours | Supervisor's Signature |
|------|----------|------|----------------|------------------------|
| 1 | — | — | — | — |
| 2 | | | | |
| 3 | 9:30 | 6:55 | | <i>[Signature]</i> |
| 4 | 9:15 | 6:40 | | <i>[Signature]</i> |
| 5 | 9:30 | 6:30 | | <i>[Signature]</i> |
| 6 | WEEK OFF | | | |
| 7 | 9:20 | 6:40 | | <i>[Signature]</i> |
| 8 | 9:30 | 6:40 | | <i>[Signature]</i> |
| 9 | 9:20 | 6:30 | | <i>[Signature]</i> |
| 10 | 9:30 | 6:30 | | <i>[Signature]</i> |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |

Page 3

| Date | IN | OUT | Total OT Hours | Supervisor's Signature |
|------|----------|------|----------------|------------------------|
| 17 | | | | |
| 18 | | | | |
| 19 | | | | |
| 20 | | | | |
| 21 | | | | |
| 22 | | | | |
| 23 | | | | |
| 24 | 9:30 | 6:30 | | <i>[Signature]</i> |
| 25 | 9:30 | 6:40 | | <i>[Signature]</i> |
| 26 | 9:40 | 7:30 | | <i>[Signature]</i> |
| 27 | WEEK OFF | | | |
| 28 | 9:30 | 6:30 | | <i>[Signature]</i> |
| 29 | | | | |
| 30 | | | | |
| 31 | | | | |

Total Mandays Total O.T. Hours

[Signature] 4/11/24
ID: 1016766