



# CONCRETE ORDER FORM

L.P.O No.:.....Date:.....Time:.....AM/PM Order No.:.....

**Attn.: Operations Manager / Dispatch In-charge**

**Sub : Supply of Readymix Concrete**

Dear Sir,

Kindly supply us Ready Mix Concrete as per the following:-

- Project Name.....
- Location.....
- Date of Supply.....
- Time to start supply (At Site).....
- Other specification (**Ice**, Chilled Water etc).....

| Sl. No. | Cement Type | Grade of concrete | Total Qty. Required | Slump | Structural Element To cast | Pump Required (Yes/No) | Cubes Reqd. | Time Gap Between Each Delivery | Remark (in any) |
|---------|-------------|-------------------|---------------------|-------|----------------------------|------------------------|-------------|--------------------------------|-----------------|
|         |             |                   |                     |       |                            |                        |             |                                |                 |
|         |             |                   |                     |       |                            |                        |             |                                |                 |
|         |             |                   |                     |       |                            |                        |             |                                |                 |
|         |             |                   |                     |       |                            |                        |             |                                |                 |
|         |             |                   |                     |       |                            |                        |             |                                |                 |
|         |             |                   |                     |       |                            |                        |             |                                |                 |

Thanking you.

Yours faithfully

Authorized Signature

Name:

Contact Number :

|  |
|--|
| <b><u>Company Name &amp; Address</u></b> |
| <b><u>Company Seal</u></b>               |

**Important Note:-** Concrete Requisition must be mailed to [ncreadymix@gmail.com](mailto:ncreadymix@gmail.com) at least 48 hrs before Casting.

Contact Person: **AMIT 055 5308106 / SAJEEV 055 5296084**

**For NRM use**

Requisition received on:.....Time:.....a.m. / p.m.

Confirmed by:- Name:.....Signature:.....

Date:..... Time:.....