



## Addendum #2

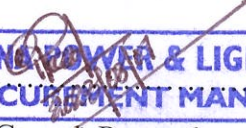
### Obsolescence and Replacement of Existing Schedule of Requirements

GPL wishes to advise that the Schedule of Requirements as presented in this current tender document on pages 21-29 is redundant. The Schedule of Requirements included in this addendum has replaced this. Prospective bidders are asked to complete the Schedule of Requirements presented in this addendum and submit along with their standard Bid Submissions to [gpltenderbox@gplinc.com](mailto:gpltenderbox@gplinc.com).

### Sample Forms

GPL has included Sample Forms below as a guidance for prospective bidders as below

All other terms and conditions remain unchanged. Please be guided accordingly.

  
**GUYANA POWER & LIGHT INC.**  
**PROCUREMENT MANAGER**

Mr. Ganesh Persaud

**Procurement Manager**

**Finance Division**

Guyana Power & Light Inc.

## Schedule of Requirements

**IFB GPL-PD-029-2023**

**Lot 1-Stationery**

Item #	Description	UoM	Quantity	Unit Price (Vat Inc.)	Total Price (Vat Inc.)
1	Toner, HP Cartridge, #CF230A, 30A	Each	53		
2	Ledger, 3 Quire	Each	233		
3	Ledger, 4 Quire	Each	310		
4	Toner, HP LaserJet 203dw Printer, Cartridge #CF232A, 32A	Each	15		
5	Push Pins, Assorted	Box	56		
6	Bins, Waste Paper Basket	Each	65		
7	Blue Bills, Account Coupons	Each	682		
8	Book, Duplicate, 5"x8"	Book	12		
9	Books, Post Office Receipt	Book	353		
10	Books, Distribution of Cash Receipt	Book	27		
11	Books, Meter Work Order Form, Carbonized, 50x3	Book	544		
12	Paste, Paper, Elmers, 4 fl. oz./ 118 ml	Bottle	239		
13	Envelopes, Brown, 10"x13"	Each	2472		
14	Envelopes, Brown, 9"x12"	Each	1430		
15	Clips, Binder, Bull Dog, Medium, 32mm, 1-1/4"	Box	661		
16	Toner, Cartridge #106R02723 for Xerox WorkCentre 3615	Each	41		
17	Forms, Cash Statement	Pad	76		
18	Coloured Chalk	Box	1		
19	Clip Board, 8-1/2"x 11"	Each	111		
20	Clips, Binder, Bull Dog, Large, 51mm	Box	545		
21	Clips, Binder, Bull Dog, Small, 19mm, 3/4"	Box	710		
22	Clips, Paper, 33mm	Box	371		
23	Sharpener, Desk	Each	50		
24	Desk Tidy	Each	73		
25	Envelopes, Brown, 12"x15"	Each	1401		
26	Envelopes, 3.5"x 6"	Each	327		
27	Eraser, Large	Each	140		
28	Diaries, Executive	Each	41		
29	Fastener, File, Stud mark, His & Her, 3", 8cm	Box	125		
30	Folders, File, Hanging, 8.5"x 14"	Box	835		
31	Folder, File, 8.5"x11"	Each	3464		
	Balance c/f				

Item #	Description	UoM	Quantity	Unit Price (Vat Inc.)	Total Price (Vat Inc.)
	Balance b/f				
32	Boxes, Filing with Cover	Each	663		
33	Folder, File, 8.5"x14"	Each	4632		
34	Forms, Advance Clearance, 50x1	Pad	10		
35	Forms, Stock Transfer Notes, 50x4	Pad	60		
36	Envelopes, GPL, Window, 9"x4"	Each	20,079		
37	Forms, Goods Acceptance Note, Carbonized, 50x4	Each	33		
38	Forms, Goods Received Note, Carbonized, 50x4	Pad	11		
39	Staple Machine, Heavy Duty	Each	11		
40	Toner, HP LaserJet 201dw Printer, Cartridge #CF283A, 83A	Each	17		
41	Ink Cartridge, HP Office Jet Pro 8710 Printer, #954 XL, Cyan	Each	78		
42	Ink Cartridge, HP OfficeJet Pro 8710 Printer, #954 XL, Magenta	Each	89		
43	Ink Cartridge, HP OfficeJet Pro 8710 Printer, #954 XL, Yellow	Each	85		
44	Toner, HP LaserJet P2035 Printer, Cartridge SKU# CE505A	Each	5		
45	Toner, HP Cartridge #CE285A, 85A	Each	9		
46	Ink Cartridge, HP OfficeJet Pro 8710 Printer, #954 XL, Black	Each	41		
47	Book, HV Permit to Work Book, Electrical	Pad	6		
48	Ink, Stamp Pad, Blue	Bottle	184		
49	Envelopes, GPL, Large, 4"x9"	Each	750		
50	Pads, Legal, Foolscap, 8.5"x14"	Pad	343		
51	Correction Fluid, Liquid White Out	Bottle	156		
52	Staple Machines	Box	230		
53	Forms, Major Meter Work Order, Carbonized	Pad	70		
54	Marker, Hi-Liter	Each	315		
55	Markers, Permanent	Each	425		
56	Masking Tape, 1"	Roll	130		
57	Forms, Material Return Note, Carbonized, 50x4	Pad	26		
58	Pad, Material Exit, Carbonized, 50x3	Each	38		
59	Forms, Material Requisition Notes, Carbonized, 50x4	Pad	391		
60	Note Book, Medium	Book	182		
61	Book, Minor Metering Investigation, Carbonized, 50x3	Pad	138		
	Balance c/f				

Item #	Description	UoM	Quantity	Unit Price (Vat Inc.)	Total Price (Vat Inc.)
	Balance b/f				
62	Pads, Writing, Foolscap, 8.5"x11"	Pad	189		
63	Pads, Cheque Voucher, Carbonized, 50x3	Pad	203		
64	Pads, Petty Cash, 50x1	Pad	40		
65	Pads, Steno, 6"x9"	Pad	385		
66	Paper, One Part, 9.5"x11"	Box	28		
67	Paper Punch, Standard, 2 Hole	Each	69		
68	Paper, Cashier Tape, 2 Ply, 3" Rolls	Pad	2467		
69	Paper, Ruled, Foolscap	Pack	17		
70	Paper, Photocopying, 8.5"x11"	Ream	1992		
71	Paper, Photocopying, 8.5"x14"	Ream	947		
72	Paper, T/W, Carbon L/S	Each	54		
73	Envelope, Wages, 9.5cm x12cm	Each	17333		
74	Pencils, Lead	Each	1185		
75	Pen, Black Ink, Pilot, Fine	Each	3224		
76	Pen, Blue Ink, Pilot, Fine	Each	3173		
77	Pen, Red Ink, Pilot, Fine	Each	1852		
78	Pads, Post Stick, 3"x3"	Pad	574		
79	Staples Remover	Each	149		
80	Pads, Request for Isolation Form, Carbonized, 50x3	Pad	19		
81	Ribbon, Black, SP200	Each	564		
82	Rubber Bands	Pack	135		
83	Scissors, 8"	Each	222		
84	SLIPS, PAYMENT (CONSUMER)	Pad	58		
85	Scotch Tape, Large	Roll	377		
86	SOPHIA STATION LOGS	Each	501		
87	Stamp Pads	Each	17		
88	Staple, Heavy Duty	Box	19		
89	Staples, Standard, #56	Box	1063		
90	Stock Cards, L/H	Each	750		
91	SYSTEM CONTROL CENTRE LOGS	Each	341		
	Balance c/f				

Item #	Description	UoM	Quantity	Unit Price (Vat Inc.)	Total Price (Vat Inc.)
	Balance b/f				
62	Pads, Writing, Foolscap, 8.5"x11"	Pad	189		
63	Pads, Cheque Voucher, Carbonized, 50x3	Pad	203		
64	Pads, Petty Cash, 50x1	Pad	40		
65	Pads, Steno, 6"x9"	Pad	385		
66	Paper, One Part, 9.5"x11"	Box	28		
67	Paper Punch, Standard, 2 Hole	Each	69		
68	Paper, Cashier Tape, 2 Ply, 3" Rolls	Pad	2467		
69	Paper, Ruled, Foolscap	Pack	17		
70	Paper, Photocopying, 8.5"x11"	Ream	1992		
71	Paper, Photocopying, 8.5"x14"	Ream	947		
72	Paper, T/W, Carbon L/S	Each	54		
73	Envelope, Wages, 9.5cm x12cm	Each	17333		
74	Pencils, Lead	Each	1185		
75	Pen, Black Ink, Pilot, Fine	Each	3224		
76	Pen, Blue Ink, Pilot, Fine	Each	3173		
77	Pen, Red Ink, Pilot, Fine	Each	1852		
78	Pads, Post Stick, 3"x3"	Pad	574		
79	Staples Remover	Each	149		
80	Pads, Request for Isolation Form, Carbonized, 50x3	Pad	19		
81	Ribbon, Black, SP200	Each	564		
82	Rubber Bands	Pack	135		
83	Scissors, 8"	Each	222		
84	SLIPS, PAYMENT (CONSUMER)	Pad	58		
85	Scotch Tape, Large	Roll	377		
86	SOPHIA STATION LOGS	Each	501		
87	Stamp Pads	Each	17		
88	Staple, Heavy Duty	Box	19		
89	Staples, Standard, #56	Box	1063		
90	Stock Cards, L/H	Each	750		
91	SYSTEM CONTROL CENTRE LOGS	Each	341		
	Balance c/f				

Item #	Description	UoM	Quantity	Unit Price (Vat Inc.)	Total Price (Vat Inc.)
	Balance b/f				
92	SYSTEM SWITCHING PLAN & EARTHING ARRANGEMENT PLAN	Pad	20		
93	Tape, Adding Machine, 2-1/4"	Roll	310		
94	Pads, Un-Metered Supply Forms, Carbonized, 25x3	Pad	53		
95	Thumb Tacks	Box	38		
96	Toner, HP Cartridge #CF280A, 80A for HP400 Printer	Each	17		
97	Desk Tray, Double	Each	65		
98	White Board Eraser	Each	4		
99	Ruler, Wooden, 12"	Each	332		
100	Toner, Canon, GPR54, iR1435i	Each	6		
101	Toner, Canon, GPR35, iR2525	Each	24		
102	Toner, Cartridge #106R03500 for Xerox Versa Link C400/C405, Black	Each	23		
103	Ribbons RC700, Black	Each	125		
104	Xerox VersaLink B7025 Toner #106R03396	Each	7		
105	Xerox Versalink B7025 Drum #106R00779	Each	3		
106	Overall Blue Long Sleeve SML	Each	20		
107	Overall Blue Long Sleeve Med	Each	11		
108	Overall Blue Long Sleeve LRG	Each	3		
109	Overall Blue Long Sleeve XL	Each	34		
110	Overall Blue Long Sleeve XXL	Each	20		
111	Shirt, Short Sleeve, Blue, US Size XXXL	Each	20		
	Total				

**IFB GPL-PD-029-2023**

**Lot 2-Consumables**

Item #	Description	UoM	Quantity	Unit Price (Vat Inc.)	Total Price (Vat Inc.)
1	Air Freshener, 8oz/226g	Tin	499		
2	Cleaner, All Purpose, 828 ml, Fabuloso/Ajax	Bottle	1763		
3	Spray, Multi Insect, Baygon, 600 ML	Tin	759		
4	Bleach, Marvex, 32 oz./ 2 Pint	Bottle	2347		
5	Cleaner, Toilet, Bright Bowl, 500ml	Bottle	714		
6	Broom, Long Handle	Each	5		
7	Broom, Stick, Long	Each	137		
8	Broom, Cobweb & Stick	Each	8		
9	Brushes, Lavatory with Holder	Each	84		
10	Brushes, Lavatory with Holder	Each	27		
11	Bucket Mop	Each	94		
12	Cheese Cloth, Orange	Each	496		
13	Dust Pans, Long Handle	Each	48		
14	Hand Towels	Each	430		
15	Toilet Cleaner, Lime scale Remover, Harpic, 750ML	Bottle	1477		
16	Garbage Bags, Hefty, Medium, 24x30, 10's	Pack	911		
17	Disinfectant, Jeyes Fluid, Black, 240ml	Bottle	70		
18	Mop Heads	Each	244		
19	Pan, Dust, Short, with Brush	Each	52		
20	Paper, Toilet, 2 Ply	Roll	2118		
21	Multi-Purpose Cleaner, Disinfectant, 828ml	Bottle	303		
22	Toilet Tissue, Jumbo, 9", 2 Ply	Roll	3715		
23	Serviettes	Pack	1062		
24	Soap, Antibacterial, Protex, 85g	Bar	656		
25	Soap, Laundry, Blue, 130g	Bar	596		
26	Soap Powder, 500g	Pack	742		
27	Soap, Liquid Hand, 400ml	Bottle	2500		
28	Sponge, Washing, 4"x3"	Each	385		
29	Dishwashing Liquid, Squeezy, 725ml	Bottle	797		
30	Telephone Cleaner, Lanher, 240ml/ 8.1 fl. oz.	Bottle	73		
31	Toilet Freshener, 70g	Each	356		
32	Paper Towel, Bounty, Large	Rolls	2500		
33	Window Cleaner, Windex, Original, 12 oz	Bottle	88		

Item #	Description	UOM	Quantity	Unit Price (Vat Inc.)	Total Price (Vat Inc.)
	Balance b/f				
34	Disinfectant Spray, Lysol, 19 oz/ 538g	Tin	1659		
35	Hand Sanitizer, Purell, 8 fl. Oz/ 236 ml	Bottle	4000		
36	KN95 Face Mask	Each	5000		
37	Environ Antimicrobial Sanitizing-Cleaner	Bottle	3162		
38	Lysol Disinfecting Wipes	Pack	130		
39	Pine Sol	Bottle	537		
	Total				



**Sample Forms (As Applicable)**

**GUYANA POWER & LIGHT INC.**  
**AUTHORISATION FOR CLEARING ADVANCES**  
**ADVANCES SUBSIDIARY LEDGER**

1. Advance Ledger Ref. No. .... 2. Order No. ....  
 3. Amount Advanced (Vr. No. .... Date ..... ) G\$ .....  
 4. Payee: .....  
 5. Amount Spent (Cash bills attached) G\$ .....  
 6. Amount Refunded (Receipt No. & Date: ..... ) G\$ .....  
 7. Further payment made (Vr. No.: ..... Date: ..... ) G\$ .....

Certified that the amount mentioned against item 5  
 Above has been utilized for the purpose the advance was authorized  
 And the goods/services purchased have been received for use in the  
 Corporation. The analysis of the amount spent is furnished below

.....  
 Employee utilising the advance.

.....  
 Authorized by  
 Head of Department

.....  
 Controlling Officer

CARD CODE

JOURNAL NO.

0	1
---	---

3	5				
---	---	--	--	--	--

1	9				
---	---	--	--	--	--

TRAN ID	ACCOUNT NO				ORDER NO			SUPP. EMP NO			DEBIT		CREDIT	
	15	25	26	27	28	29	30	31	32	33	50	58		59
A 0														
A 1														
A 2														
A 3														
A 4														
A 5														
A 6														
A 7														
A 8														
A 9														
Y 9														
CON TROL														
8 ... 9														
	18	23	24		32						46	58	59	67

CHECKED BY

ACCOUNTANT

POSTED IN AVANCE LEDGER

**Advance Clearance Form**

# GUYANA POWER & LIGHT INC

40 Main Street, Georgetown

## COUPON


Arrears

**IMPORTANT** - Please read the notice on the reverse side of this account

Particulars		Amount
To amount of account rendered		

TO OPEN TEAR OFF END

TO OPEN TEAR OFF END

GUYANA POWER & LIGHT INC. - 40 MAIN STREET

G.P.L 13

#### PAYMENTS OF ACCOUNTS

Accounts are payable monthly and customers are requested to see that the amount paid is printed on their receipts.

Receiving Office Hours: Mondays to Fridays 8:00 AM - 4:00 PM  
Saturdays 8:00 AM - 12:00 noon

#### SPECIAL NOTICE

If you suspect any defect to exist in your electrical installation please seek the advice of a certified Wireman.

**Blue Bills**

# GUYANA POWER & LIGHT INC. CASH STATEMENT

Name: .....Date: .....

X 5000	.....
X 1000	.....
X 500	.....
X 100	.....
X 50	.....
X 20	.....
X 10	.....
X 5	.....
X 1	.....
	.....

Cheques: Bank of Guyana	.....
do Guyana Bank of Trade & Industry	.....
do Republic Bank (Guyana) Ltd.	.....
do Other Banks	.....
	.....

Debit Card	.....
Vouchers (if any)	.....
Petty Cash	.....
Total \$	.....

Over or short on day's	.....
Total of Cash Register \$	.....

**Cash Statement Pad**












	<b>GUYANA POWER &amp; LIGHT INC. LOSS REDUCTION DIVISION</b> <b>MAJOR METERING INVESTIGATION (REVENUE PROTECTION) REPORT</b> GPL-RPD-003/1	REVISION DATE: 2022-02-01									
LOCATION: _____	INITIATIVE TYPE: _____	LR REPORT NO: <b>10601</b>									
<b>A. CUSTOMER INFORMATION</b>											
ACCOUNT #: _____	BUSINESS TYPE: _____	DATE: _____ TIME: _____									
METER # _____	METER TYPE: _____	ADDRESS: _____									
ENERGY/ DEMAND READING: _____		SELF READ (KWH/KVA) READING: _____									
<b>B. METER INSPECTION</b>		TYPE OF CIRCUIT: OLD <input type="radio"/> NEW <input type="radio"/>									
METER MODEL: _____	MAIN CB (AMPS): _____	TX SIZE (KVA): _____									
SELF READ STATUS: ACTIVE <input type="radio"/> INACTIVE <input type="radio"/>		MAX KVA: _____									
SEAL TYPE	OK <input type="checkbox"/> MISSING <input type="checkbox"/> BROKEN <input type="checkbox"/> NON GPL <input type="checkbox"/>	SEAL # REMOVED _____ SEAL # REPLACED _____									
METER TERM / COVER SEAL		TYPE OF SERVICE: 1P-3W <input type="radio"/> 3P-4W <input type="radio"/>									
METER HOUSING SEAL		TARIFF: B <input type="radio"/> C <input type="radio"/> D <input type="radio"/>									
METER ACTUATOR SEAL		GB <input type="radio"/> GC <input type="radio"/> GD <input type="radio"/>									
CT BOX SEAL #1		PHASE ROTATION CORRECT? <input type="checkbox"/>									
CT BOX SEAL #2											
CT/PT SECURE YES <input type="radio"/> NO <input type="radio"/>	METER SECURE YES <input type="radio"/> NO <input type="radio"/>	METER RECORDS ON LOAD YES <input type="radio"/> NO <input type="radio"/>									
<b>C. MEASUREMENTS &amp; ACCURACY CALCULATIONS</b>											
QUANTITY	R	Y	B	AVG	KT	CT RATIO	PT RATIO	LOAD CONDITIONS	MULTIPLIER		
L-L VOLTAGE <small>(Vrms)</small>					TIME (sec)			LOAD CURRENT (Amps)	R	Y	B
L-N VOLTAGE <small>(Vrms)</small>					Resistance			CT Constant (kVA/amp)			
CURRENT <small>(Arms)</small>					KW			CT Constant (kVA/amp)			
POWER FACTOR					KVA			CT Accuracy (%)			
KW					KVA			Resistance Current Ratio			
KVA					KVA			(in %/Amps)			
<b>D. FINDINGS:</b>									ERROR TYPE: DIAGNOSTIC <input type="checkbox"/> NON FATAL <input type="checkbox"/> FATAL <input type="checkbox"/>		
WITH TAMPERING <input type="checkbox"/> METER BY PASS <input type="checkbox"/> METER DEFECTIVE <input type="checkbox"/> WRONG METER TYPE <input type="checkbox"/> WRONG TARIFF <input type="checkbox"/>									ERROR # _____		
CT TAPPING <input type="checkbox"/> CT REVERSE <input type="checkbox"/> CT DEFECTIVE <input type="checkbox"/> WRONG MULTIPLIER <input type="checkbox"/> SERVICE ON <input type="checkbox"/>											
<b>OTHER DETAILS:</b>											
<b>CUSTOMER EQUIPMENT</b>											
DESCRIPTION	QTY	HP/RTU/AMPS	KW/KVA	DESCRIPTION	HP/RTU/AMPS	KW/KVA	DESCRIPTION	QTY	HP/AMPS	KW/KVA	
<b>F. CUSTOMER OBSERVING INVESTIGATION:</b>											
NAME IN FULL BLOCK LETTERS: _____						SIGNATURE: _____			Telephone #: _____		
<b>G. ACTION TAKEN:</b> DISCONNECT <input type="checkbox"/> REMOVE LINE <input type="checkbox"/> MTO <input type="checkbox"/> NO ACTION <input type="checkbox"/>						VEHICLE # _____			TEST INSTRUMENT # _____		
OTHER ACTION TAKEN: _____											
COMPLETED BY: _____											
<b>BELOW FOR OFFICIAL USE ONLY:</b>											
RECOMMENDATIONS: TARIFF CHANGE <input type="checkbox"/> NEW INTERFACE <input type="checkbox"/> BASE LOOPER METERING STRATEGY <input type="checkbox"/> REMEDIAL WORK <input type="checkbox"/> CHANGE METER <input type="checkbox"/> TYPE <input type="checkbox"/>											
CERTIFIED BY: _____				DATE: _____				DETAILS: _____			
<b>L. BACK BILLING CALCULATION (Kwh per month)</b>											
KWH	KVA	MONTHS	COMPLETED BY: _____	APPROVED BY: _____							
Comments: _____											
Loss Reduction Office: Tel: 892-235-4351, 892-317-7710, 892-771-1591						Commercial Office Contact Information: 892-726-2694, 892-513-2189, 892-771-4361					
FBI Records <span style="float: right;">GPL - RPD-003/1</span>											
PAGE 1 OF 3 <span style="float: left;">WHITE - File Record</span> <span style="margin-left: 50px;">YELLOW - Customer Copy</span> <span style="float: right;">PINK - Retain In Book</span>											

## Major Metering Investigation Report

**GUYANA POWER AND LIGHT INC.**

Revision date: July 29, 2011

Material/Equipment Exit Permit

GPL-QMS-001/34

ep No. 306960

DATE .....

SECTION .....

JOB CARD No. \_\_\_\_\_

Person Authorised to Remove Material/Equipment : Name/Designation: .....

Vehicle Authorised to Transport Material/Equipment: .....

**MATERIAL/EQUIPMENT AUTHORISED TO LEAVE**

Qty.	ITEM CODE No.	DESCRIPTION

Reason for Removal

Materials/Equipment Dispatched From \_\_\_\_\_ To \_\_\_\_\_

Authorised by: Name/Designation \_\_\_\_\_ Sig \_\_\_\_\_ Time \_\_\_\_\_

Signature of Gate Pass Holder \_\_\_\_\_ Sig of Driver \_\_\_\_\_

Holder/Driver Signatures: Name: \_\_\_\_\_ Rank \_\_\_\_\_ Sig \_\_\_\_\_ Time \_\_\_\_\_  
affixed in my presence

Material/Equipment leaving: Name: \_\_\_\_\_ Rank \_\_\_\_\_ Sig \_\_\_\_\_ Time \_\_\_\_\_  
Compound checked by

GPL-QMS-001/34  
REV03

**GUYANA POWER AND LIGHT INC.**

Revision date: July 29, 2011

Material/Equipment Exit Permit

ep No. **306960**

DATE .....

GPL-QMS-001/34

SECTION .....

JOB CARD No. ....

Person Authorised to Remove Material/Equipment : Name/Designation: .....

Vehicle Authorised to Transport Material/Equipment: .....

**MATERIAL/EQUIPMENT AUTHORISED TO LEAVE**

Qty.	ITEM CODE No.	DESCRIPTION

Reason for Removal

Materials/Equipment Dispatched From \_\_\_\_\_ To \_\_\_\_\_

Authorised by: Name/Designation \_\_\_\_\_ Sig \_\_\_\_\_ Time \_\_\_\_\_

Signature of Gate Pass Holder \_\_\_\_\_ Sig of Driver \_\_\_\_\_

Holder/Driver Signatures: Name: \_\_\_\_\_ Rank \_\_\_\_\_ Sig \_\_\_\_\_ Time \_\_\_\_\_  
affixed in my presence

Material/Equipment leaving: Name: \_\_\_\_\_ Rank \_\_\_\_\_ Sig \_\_\_\_\_ Time \_\_\_\_\_

Command checked by: \_\_\_\_\_

**GUYANA POWER AND LIGHT INC.**

**Material/Equipment Exit Permit**  
GPL-QMS-001/34

Revision date: July 29, 2011

ep No. **306960**

DATE \_\_\_\_\_

SECTION \_\_\_\_\_

JOB CARD No. \_\_\_\_\_

Person Authorised to Remove Material Equipment : \_\_\_\_\_ Name/Designation: \_\_\_\_\_

Vehicle Authorised to Transport Material/Equipment: \_\_\_\_\_

**MATERIAL/EQUIPMENT AUTHORISED TO LEAVE**

Qty.	ITEM CODE No.	DESCRIPTION

Reason for Removal \_\_\_\_\_

Materials/Equipment Dispensed From \_\_\_\_\_ To \_\_\_\_\_

Authorised by: Name/Designation \_\_\_\_\_ Sig \_\_\_\_\_ Time \_\_\_\_\_

Signature of Gate Pass Holder \_\_\_\_\_ Sig of Driver \_\_\_\_\_

Holder/Driver Signatures: Name: \_\_\_\_\_ Rank \_\_\_\_\_ Sig \_\_\_\_\_ Time \_\_\_\_\_  
affixed in my presence

Material/Equipment leaving Compound checked by: Name: \_\_\_\_\_ Rank \_\_\_\_\_ Sig \_\_\_\_\_ Time \_\_\_\_\_

GPL-QMS-001/34  
REV03

**Material/Equipment Exit Permit**

GUYANA POWER AND LIGHT, Inc.

Revision Date: July 29, 2011

No: **597251** MATERIAL REQUISITION NOTE — GPL-PUR- 006/1

CTRL No: \_\_\_\_\_  
Department \_\_\_\_\_ Job Allocation No. \_\_\_\_\_

QUANTITY	UNIT	DESCRIPTION	UNIT COST	STOCK NUMBER	QUANTITY		VALUE
					DELIVERED	POSTED	

Date: \_\_\_\_\_ Requisitioned by: \_\_\_\_\_  
Manager

Delivered by: \_\_\_\_\_ Received by: \_\_\_\_\_  
Stores Assistant/IMA/HMS User

TO BE USED FOR:	BIN LOCATION No.
	GPL - PUR- 006/1 Rev 02

Forward to Inventory Accounting Officer

**Material Requisition Note**

**CUYANA POWER & LIGHT**  
**MATERIAL RETURNED NOTE**

NO: 033520

DEPARTMENT \_\_\_\_\_ JOB ALLOCATION NO.

QUANTITY	UNIT	DESCRIPTION	UNIT COST	STOCK NUMBER	QUANTITY		VALUE	
					RECEIVED	POSTED		

DATE: \_\_\_\_\_ AUTHORIZED BY \_\_\_\_\_  
Works Manager/Foreman

RECEIVED BY: \_\_\_\_\_ STOREKEEPER \_\_\_\_\_ RETURNED BY \_\_\_\_\_

RETURNED FROM: \_\_\_\_\_

Bin  
 Location  
 No.

**Material Returned Note**

**Guyana Power and Light, Incorporated**

Revision Date: 2nd August 2011

**Minor Meter Work Order - GPL - MET - 012/1**

<b>Meter Replacement</b>						<b>Disconnection:</b>			<b>Reconnection:</b>	
New Service	Interface/Buse change	Old Meter	Inc./Dec. Load	Defective	COT	Meter/Line Remains	Meter/Line Removed	Meter/Line Removed	Replacement of Line & Meter	Replacement of Line & Meter
First Name:		Middle Name		Last Name		Account #:		Customer #:		Subst:
Address						Tariff				
						A	B	GA	GB	SL

Remarks/Special Instructions:

Transformer Size:      GPS LONG:      GPS LAT:      Transformer #

Meter Information								
Meter Out Info.	Meter #	Meter Location	HZ	Volts	Amps	Wire	Phase	Dials
	Take Out Read	Take Out Seal # (s)			Service Type	Housing Seal Status		

Meter Information								
Meter In Info.	Meter #	Meter Location	HZ	Volts	Amps	Wire	Phase	Dials
	Installed Read	Installed Seal # (s)			Service Type	Housing Seal Status		

Cable	Qty
Duplex	
Triplex	
2.5 mm	
10 mm	
16 mm	
25 mm	
35 mm	

PVC Fitting	Qty
1-1/2 Pipe	
1-1/2 Brrnd	
1-1/2 Strap	
2" Pipe	
2" Bend	
2" Strap	

Accessory	Qty
Insulink	
Wireholders	
Screw	
Plugs	
Insulation Tape	
KSU #23	
KSU #24	

Others	Qty
Metal Base	
Fiber Glass	
YHO-100	
YHO-150	
YHO-250	
P-150	
P-50	

**Nearest Neighbours With Electricity**

Customer Before Meter/Account #: .....

Customer After Meter/Account #: .....

<b>Date Completed</b>
-----------------------

Completed By: ..... Consumer's ID: .....

Completed By: ..... Consumer's Signature: .....

TEL# CELL # ..... Line #.....

**Minor Meter Work Order**





**GUYANA POWER & LIGHT INC. LOSS REDUCTION DIVISION**  
**MINOR METERING INVESTIGATION (REVENUE PROTECTION) REPORT**  
 GPL-RPD-0047

UR REPORT NO: **229501**

**A. CUSTOMER INFORMATION**

LOCATION: \_\_\_\_\_ INITIATIVE TYPE: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 ACCOUNT # \_\_\_\_\_ CUST # \_\_\_\_\_ NAME: \_\_\_\_\_ METER # \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ READING: \_\_\_\_\_

**B. METER INSPECTION**

TYPE OF SERVICE: IP-2W  IP-3W  METER CIRCUIT: OLD  NEW  TARIFF: A  B  TYPE OF BUSINESS: \_\_\_\_\_  
 METER DIAL/DIGITS: \_\_\_\_\_ MANUFACTURER: \_\_\_\_\_ METER REGISTRY: \_\_\_\_\_ YEAR: \_\_\_\_\_ DIRECT FEED  SUB FEED   
 METER CYCLE: \_\_\_\_\_ AMPS: \_\_\_\_\_ METER VOLTAGE: \_\_\_\_\_ SEAL # REMOVED: \_\_\_\_\_ SEAL # REPLACED: \_\_\_\_\_ METER CONNECTIONS OK? YES  NO   
 SEAL TYPE: \_\_\_\_\_ OK  MISSING  BROKEN  NON GPL  METER RECORDS ON LOAD? YES  NO   
 METER TERM/COVER SEAL: \_\_\_\_\_  
 METER HOUSING SEAL: \_\_\_\_\_  
 METER FUSES SEAL: \_\_\_\_\_

**C. MEASUREMENTS & ACCURACY CALCULATIONS**

QUANTITY	R	B	B-B	AVG	TIME Sec	METER KWh	METER ACCURACY %	MAIN SWITCH / CB Size
VOLTAGE (Vrms)					REV/PULSE			CURRENT
CURRENT (Arms)					KW (rms)			PG TALK (rms)
POWER FACTOR					KVA (rms)			LINE SIZE (mm)
KW (MEASURED)					KW (CALC)			METER LINE SIZE
KVA (MEASURED)					KVA (CALC)			METER LOAD SIZE
								WIRING TYPE

FORMULA:  $KW = (KWh \times Rev \times 3600) / (Sec \times 1000)$        $KVA = (AMPS \times V \times \sqrt{3}) / 1000$   
 SUMMARY: Measured Voltage (V) \_\_\_\_\_ Measured Current (A) \_\_\_\_\_ Power Factors (avg) \_\_\_\_\_ Meter Accuracy (%) \_\_\_\_\_

**D. FINDINGS:**

METER TAMPERED  METER BYPASS  METER DEFECTIVE  METER DEAD  WIRING METER  WIRING TARIFF   
 DETAILS OF FINDINGS: \_\_\_\_\_  
 Vehicle #: \_\_\_\_\_  
 Test Instruments: \_\_\_\_\_

**E. CUSTOMER APPLIANCES**

	QTY		WATTS			QTY		WATTS			OTHER		QTY		WATTS	
Fluorescent Light 2'			Refrigerators			Washer										
Fluorescent Light 4'			Freezers			Dryer										
Fluorescent Bulb			Air Condition			Electric Piano										
Energy Saver Bulb			Beverage Cooler			Motor/Compressor										
LED Light			Water Heater			Vacuum Cleaner										
Television			Computer			Blender										
Radio & Stereo			Printer			Iron										
Fan			Toaster			Electric Cooker										
Microwave			Electric Cooker			Security Camera										

**F. CUSTOMER OBSERVING INVESTIGATION:**

NAME IN FULL BLOCK LETTERS: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ Telephone # \_\_\_\_\_

**G. ACTION TAKEN**

DISCONNECT  REMOVE LINE  MTD  NO ACTION  COMPLETED BY: \_\_\_\_\_

**H. RECOMMENDATIONS**

TARIFF CHANGE (RATE)  RATE S.D. FOR NEW METER  RATE S.D. FOR METER CHANGE  OTHER: \_\_\_\_\_

**I. BACK BILLING CALCULATION (Kwh per month)**

KWH	MONTHS	COMPLETED BY	APPROVED BY

Comments: \_\_\_\_\_

Loss Reduction Office: Tel: 592-325-5251, 592-327-7710, 592-772-1161

**GUYANA POWER & LIGHT, Inc.**  
Petty Cash Voucher

CODE		VOUCHER NO.										DATE									
01												19									
TRAN ID	ACCOUNT NO.										DEBIT				CREDIT						
8	9	18	19	20	21	24	25	30	DESCRIPTION				49	53	5	6	58	62	5	6	
A 0																					
A 1																					
A 2																					
A 3																					
A 4																					
A 5																					
A 6																					
A 7																					
A 8																					
A 9	6	0	2	7	4	1	6	0													

AMOUNT IN WORDS: .....

1	2	8	9	21	23	24	32	53	58	66	7
0	2	0									

TOTAL AMT. >

RECEIVED THE ABOVE SUM IN FULL

CERTIFIED BY: .....

APPROVED BY: ..... SIGNATURE ..... FULL NAME .....

PAYMENT AUTHORISED BY: .....

**Petty Cash Voucher**

<b>Guyana Power &amp; Light Inc.</b>		<b>REQUEST FOR PURCHASE</b> GPL-PUR-001/01			Revision date 2013-11-18	
					RFP No. 278651	
DEPARTMENT MAKING THE REQUEST		DATE REQUEST MADE		DATE REQUIRED		
COST CODE	QUANTITY AND UNIT OF MEASURES	DESCRIPTION OF ITEM	ESTIMATED COST	REASON FOR PURCHASE		
.....	.....	.....	.....	.....		
.....	.....	.....	.....	.....		
.....	.....	.....	.....	.....		
.....	.....	.....	.....	.....		
.....	.....	.....	.....	.....		
.....	.....	.....	.....	.....		
.....	.....	.....	.....	.....		
.....	.....	.....	.....	.....		
.....	.....	.....	.....	.....		
RECOMMENDED SUPPLIER		ESTIMATED TOTAL COST:				
_____		COST CODE NO: CHECKED				
_____		ACCOUNTANT / AUTH. SIG.				
REQUESTER	APPROVED BY DEPT. HEAD OR UTIL. SIG.	DIVISIONAL DIRECTOR	AUTHORIZED BY FINANCE DIRECTOR DCEO/CEO OR AUTH. SIG.	<input type="checkbox"/> CORRECT	<input type="checkbox"/> AMENDED	FINALISED-PURCHASE ORDER NO: APPROVED-P.A.M.GE

GPL - PUR-001/01  
REV 03

Retained by User Department

Request for Purchase

# Guyana Power & Light Inc.

SCHEDULE OF PAYMENT RECEIVED ..... POST OFFICE

142251

DATE: ..... SCHEDULE NO. ....

Money Order No: .....

Amount \$

RECEIPT No.	ACCOUNT No.	METER No.	CUSTOMER	AMOUNT \$ RECEIVED	

TOTAL

Prepared by: .....  
Name

Checked by: .....

Signature: .....

Signature: .....

Note: To be prepared in triplicate and distributed as follows:

- White \_\_\_\_ Original \_\_\_\_ Head Office
- Yellow \_\_\_\_ Duplicate \_\_\_\_ Post Office Corporation
- Pink \_\_\_\_ Triplicate \_\_\_\_ Post Office

## Schedule of Payment









Registered Office:  
**GUYANA POWER AND LIGHT, Inc.,**  
 40 Main Street, Cummingsburg, Georgetown, Guyana  
 Telephone: 592-226-2600-9  
 Fax: 592-227-1978  
**ANNEX**  
 257/259 Middle Street, Cummingsburg, Georgetown, Guyana  
 Telephone: 592-226-0565/66/68  
 Fax: 592-226-9821

Date : \_\_\_\_\_

Dear GPL Customer,

Account number \_\_\_\_\_

Customer Number \_\_\_\_\_

Meter Number \_\_\_\_\_

Due to the issue with your electricity meter and the inability to have it resolved immediately you may request a temporary un-metered supply of electricity.

**Request for a temporary Un-Metered Supply by GPL Customer**

I \_\_\_\_\_, hereby request a temporary un-metered supply of electricity. I understand that GPL will contact me within 24 hours to arrange to have the issue rectified in my presence. Please contact me on telephone number/mobile number \_\_\_\_\_ to arrange a suitable time for doing so.

I understand that if the issue is not rectified within ten days due to my unavailability, GPL reserves the right to (i) bill me using estimated consumption for the period of un-metered supply and (ii) disconnect my electricity supply.

**Customer**

**GPL Representative**

Signature \_\_\_\_\_

Signature \_\_\_\_\_

ID Number \_\_\_\_\_

ID Number \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**Unmetered Supply**





