

Weekly - Petty cash /expense card statement.

Name		D. Shree Shewar		Statement date	14/02/25		
Prepared by		D. Shree Shewar		Sign	[Signature]		
From period				To period			
Sl No	Debit to company	Debit to project	Description of expense	Amount	Bill enclosed	GST bill	
1.	MH SVC	MH SVC	CHITRABHANU TYRES DRWD. 2670	13600	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	
2.	MH SVC	MH SVC	CHITRABHANU TYRES DRWD. 2671	13600	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	
3.					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
4.					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
5.					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
6.					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
7.					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
8.					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
9.					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
10.					<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	
11.	Total						
Amount to be credited by		<input type="checkbox"/> Transfer to expense card, <input type="checkbox"/> Cash reimbursement, <input type="checkbox"/> Transfer to personal a/c. <input type="checkbox"/> Other:					
Approved by:		Div. Manager	Accountant	Accounts Manager	MD		
Sign:		APPROVED BY [Signature]					
Date:		15 FEB 2025					

Notes: 1. Scanned copy of this statement to be submitted before every Friday 2pm. 2. Original vouchers to be attached to this statement and send to respective accountant by Monday. 3. Accountants to make payment on receipt of scanned statement on Saturday. 4. If original statement with vouchers of last week is not received withhold further payment and salary. 5. Employee must maintain photocopy of all bills/vouchers for 3 months. 6. Division manager and accounts manager approval required for expenses of over 2,000/- per week. MDs approval is required for expenses of over 10,000/- per week.

**DEBIT VOUCHER**

MH SVC


Voucher No. \_\_\_\_\_

A/c. \_\_\_\_\_

Date: 13/02/28

Paid to				Rs.	Ps.
CHITRADESHAMU TYRES				13600	00
towards Purchase of new TYRES for					
Zeeo Vichem! - TS 1003 5649					
Biluo! - 2670					
Rupees Thirteen thousand six hundred					
only					
Paid by <u>Cheque</u> / <u>Cash</u>					
Cheque No. <input type="text"/>					
Dated <input type="text"/>					
Drawn on Bank <input type="text"/>					
				13600	00

Prepared by 

Approved by 

Receiver's Signature

Prepared by

*[Signature]*

Approved by

*[Signature]*

Receiver's Signature

*[Signature]*

Particulars	Cheque no.	Dated	Drawn on bank	Rs	Paise
to Cash				10000	00
Business Expenses					
to Cash					
to Cash					
to Cash					
to Cash				10000	00
to Cash					

No. \_\_\_\_\_  
Voucher No. \_\_\_\_\_

Date: *1/10/2008*

DEBIT VOUCHER

*[Signature]*

**MRF****Exclusive****CHITRABHANU TYRES**

1-6-9/C, Anupuram,  
 Dr. A.S. Rao Nagar,  
 Behind Radhika Theatre,  
 Below Suruchi Restaurant,  
 ECIL Post, Hyderabad-500 062.  
 Cell : 9866204595  
 E-mail : chitrabhanutyres@gmail.com  
 GSTIN : 36AADFC8459J1Z2

**TAX INVOICE**

Customer Name: M/s. MODI Housing (P) LTD  
 Address: 5-4-187/3&4, (15 10 VB 5649)  
SEELUNDARABAD-3 (9290536300)  
 GST No.: 36 AADCM 5906 D2Z0

Bill No. : 2670Bill Date : 12/02/2025

PARTICULARS	HSN/SAC CODE	QTY.	RATE UNIT	AMOUNT
M/s 15/12/22 Sml	40111090	<del>674</del> 212	2421.88	4843 76
M/s 15/12/22 Sml Sml	40111090	7/2	2890/62	57 81 24
Tyre Sl. No.				10625 00
5224   5224	CGST @ 14%			1487 50
5625   5625	SGST @ 14%			1487 50
	CGST @ 9%			
	SGST @ 9%			
	<b>TOTAL</b>	<b>GR</b>		<b>13600</b>

Total in words : Thirteen thousand six hundred only.**E&O.E. M.S.**

Subject to the conditions of the sale printed on the reverse of the invoice by the manufacturer.

For **CHITRABHANU TYRES**

## WARRANTY

1. Goods Once sold will not be taken back or exchanged.
2. The tyres, Tubes or Flaps should be returned if any defect is found, they should not be repaired.
3. The Company is responsible for any manufacture defect and the Companies findings are final and binding on the party/ The dealer is not responsible for any manufacturing defect.
4. Immediate replacements of the tyre, tube or flaps will not be given by us. If any defect is found.
5. The defective tyres, tubes and flaps will be sent to the Company, and the charges will be collected according to the Companies finding for those defective, the up and down transport charges and regarding postal charges will be collected from the party.
6. Warantee Period is upto 1/4 groove of the tyre / **two / five years.**

**Note :** Tyres & Tubes are Waranteed from any manufacturing defect.

Bulging of Tubes is not a manufacturing defect.


\* Subject to the conditions for the sale printed on the reverse of the Invoice issued by the manufacturer.


**DEBIT VOUCHER**

MIA SVC

Voucher No. \_\_\_\_\_

A/c. \_\_\_\_\_ Date: 13/02/25

Paid to <u>MRF CHITRAKHAND TYRES</u>				Rs.	Ps.
towards <u>Purchase of new TYRES for</u>				<u>13600</u>	<u>00</u>
<u>3 zero view: IS100S 3123 size: 2671</u>					
Rupees <u>one thousand three hundred</u>					
<u>six hundred only</u>					
Paid by	<u>Cheque</u> <u>Cash</u>	Cheque No.	Dated	Drawn on Bank	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>13600</u> <u>00</u>

  
Prepared by

  
Approved by

Receiver's Signature



Prepared by

*[Signature]*

Reviewed by

*[Signature]*

Receiver's Signature

*[Signature]*

Paid to	Credit Number	Credit no.	Date	Drawn on Bank	Rs.	Pa.
To						
By						
Total						
Total						
Total						
Total						

PAID

Date: *12/03/20*

Account No.

DEBIT VOUCHER

*12/03/20*



# MRF Exclusive

## CHITRABHANU TYRES

1-6-9/C, Anupuram,  
 Dr. A.S. Rao Nagar,  
 Behind Radhika Theatre,  
 Below Suruchi Restaurant,  
 ECIL Post, Hyderabad-500 062.  
 Cell : 9866204595  
 E-mail : chitrabhanutyres@gmail.com  
 GSTIN : 36AADFC8459J122

### TAX INVOICE

Customer Name : M/s. MODI B Housing (P) LTD,  
 Address : 5-4-187/384, (TS 10 UR3123)  
SECUNDERABAD-3 - (929 0536300)  
 GST No. : 36 AADCM 5906 D2Z0

Bill No. : 2671  
 Bill Date : 12/02/2025

PARTICULARS		HSN/SAC CODE	QTY.	RATE UNIT	AMOUNT
M/s 15/012 S/R		4011090	1/2	2421/88	4843 76
M/s 15/012 S/R King Edm		4011090	1/2	2890/62	5781 24
Tyre Sl. No.					1062500
4124/5124	CGST @ 14%				1487 50
4124/4224	SGST @ 14%				1487 50
	CGST @ 9%				
	SGST @ 9%				
<b>TOTAL</b>					<b>13600 -</b>
Total in words : <u>Thirteen thousand Six hundred of.</u>					

E&O.E.

Subject to the conditions of the sale printed on the reverse of the invoice by the manufacturer.

For  **CHITRABHANU TYRES**



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