Weekly - Petty cash /expense card statement.

| | | | |
|---|---|---|---|
| Name | Abhishek Gautam | Statement date | 24-02-25 |
| Prepared by | Abhishek Gautam | Sign | Abhishek |
| From period | 19-02-25 | To period | 21-02-25 |

| Sl No | Debit to company | Debit to project | Description of expense | Amount | Bill enclosed | GST bill |
|---|---|---|---|---|---|---|
| 1. | AMTZ | AMS-4554 | Transport Expenses from (Home To Sec-bad ST). (Duvada to Room), (Room To VSKP), (Sec-bad ST To Home) | 590/- | Y N | Y N |
| 2. | | | | | Y N | Y N |
| 3. | | | | | Y N | Y N |
| 4. | | | | | Y N | Y N |
| 5. | AMTZ | AMS-4554 | Toward Food Allowances Expenses | 800/- | Y N | Y N |
| 6. | | | | | Y N | Y N |
| 7. | | | | | Y N | Y N |
| 8. | | | | | Y N | Y N |
| 9. | | | | | Y N | Y N |
| 10. | Total | | | 1390 | | |

| | | | | |
|---|---|---|---|---|
| Amount to be credited by | Transfer to Happy card, Other: | Transfer to expense card, | Cash reimbursement, | Transfer to personal a/c. |
| Approved by: | Div. Manager | Accountant | Accounts Manager | MD |
| Sign: | Sl | | | |
| Date: 24-02-25 | 24-02-25 | | | |

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 receipted 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

APPROVED BY
24 FEB 2025
S. SUNIL KUMAR
ASST. PROJECT MANAGER

| DEBIT VOUCHER | | | |
|---|---|---|---|
| Company/Firm | AMTZ | | |
| Project | AMS -4554 | | |
| Voucher No. | | | |
| Account head | | | |
| Paid to | Towards food Expenses. | | |
| Towards/description of work | QC checking at AMTZ Vizag (19-02-25 TO 21-02-25). | | |
| Location of work | | | |
| Amount in Rs. | 800/- | | |
| Amount in words | Eight Hundred only. | | |
| Mode of payment | | | |
| | Cheque/trf No. | Date | Bank |
| | | | |
| Prepared by | Approved by | Receivers Name | Receivers Signature |
| Abhishek | | | |

APPROVED BY
24 FEB 2.25
S. SUNIL KUMAR
ASST. PROJECT MANAGER

| DEBIT VOUCHER | | | |
|---|---|---|---|
| Company/Firm | AMTZ | | |
| Project | AMS-4554 | | |
| Voucher No. | | | |
| Account head | | | |
| Paid to | Transport Charges. | | |
| Towards/description of work | From (Home To Sec-bad ST). (Duvada To Room) (Room To VSKP), (Sec-Bad ST. To Home) | | |
| Location of work | AMTZ Vizag | | |
| Amount in Rs. | 590/- | | |
| Amount in words | Five hundred and Ninety only. | | |
| Mode of payment | | | |
| | Cheque/trf No. | Date | Bank |
| | | | |
| Prepared by | Approved by | Receivers Name | Receivers Signature |
| Ashishek | | | |

APPROVED BY
24 FEB 2025
S. SUNIL KUMAR
ASST. PROJECT MANAGER