

ICICI CARD NO.

| NAME                  |                      | K. Prabhakar Reddy         |                                                       | Statement date                                                                                                                                                                                       | 28-02-2025                                                       |                                                                  |                                                       |
|-----------------------|----------------------|----------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------|
| Prepared by           |                      | K. Prabhakar Reddy         |                                                       | Sign                                                                                                                                                                                                 | <i>[Signature]</i> 28/2/2025                                     |                                                                  |                                                       |
| From period           |                      | 24-02-2025                 |                                                       | To period                                                                                                                                                                                            | 28-02-2025                                                       |                                                                  |                                                       |
| Sl. No                | Debit to Company     | Debit to Project/ Customer | Description of expense                                | Amount                                                                                                                                                                                               | Bill enclosed                                                    | GST bill                                                         |                                                       |
| 1.                    | AEDIS DEVELOPERS LLP | AEDIS DEVELOPERS LLP       | towards E. c OF Aedis Developers LLP for HMDA purpose | 600/-                                                                                                                                                                                                | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |                                                       |
| 2.                    |                      |                            |                                                       |                                                                                                                                                                                                      | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N            |                                                       |
| 3.                    |                      |                            |                                                       |                                                                                                                                                                                                      | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N            |                                                       |
| 4.                    |                      |                            |                                                       |                                                                                                                                                                                                      | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N            |                                                       |
| 5.                    |                      |                            |                                                       |                                                                                                                                                                                                      | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N            |                                                       |
| Total                 |                      | Rupees: Six Hundred Only   |                                                       |                                                                                                                                                                                                      |                                                                  | <input type="checkbox"/> Y <input type="checkbox"/> N            | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Amount to be credited |                      |                            |                                                       | <input type="checkbox"/> Transfer to Happay card, <input type="checkbox"/> Transfer to expense card, <input type="checkbox"/> Cash reimbursement, <input type="checkbox"/> Transfer to personal a/c. |                                                                  | 600/-                                                            |                                                       |
| Approved by:          |                      | Div. Manager               | Accountant                                            | Accounts Manager                                                                                                                                                                                     | MD                                                               |                                                                  |                                                       |
| Sign:                 |                      |                            |                                                       |                                                                                                                                                                                                      |                                                                  |                                                                  |                                                       |
| Date:                 |                      |                            |                                                       |                                                                                                                                                                                                      |                                                                  |                                                                  |                                                       |

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

APPROVED BY  
 20 FEB 2025  
*[Signature]*  
 K. PRABHAKAR REDDY  
 SR. MANAGER-C.R.  
 28/2/2025

# DEBIT VOUCHER

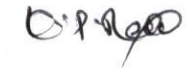
AEDIS DEVELOPERS LLP

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

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

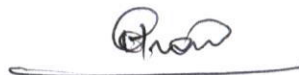
Date: 28-02-2025

|                                                       |                       |                                    |                               |                                       |  |
|-------------------------------------------------------|-----------------------|------------------------------------|-------------------------------|---------------------------------------|--|
| Paid to MRO /Medchal                                  |                       |                                    |                               | Ps.                                   |  |
| towards E. C fo Aedis Developers LLP for GHMC Purpose |                       |                                    |                               | 600/-                                 |  |
|                                                       |                       |                                    |                               |                                       |  |
|                                                       |                       |                                    |                               |                                       |  |
| Rupees Six Hundred Only                               |                       |                                    |                               |                                       |  |
|                                                       |                       |                                    |                               | 600/-                                 |  |
|                                                       |                       |                                    |                               |                                       |  |
| Padi by                                               | <u>Cheque</u><br>Cash | Cheque No.<br><input type="text"/> | Dated<br><input type="text"/> | Drawn on Bank<br><input type="text"/> |  |



Prepared By

Aproved By

  
Receiver's Signature





A search is made in the records of SRO(s) of MEDCHAL relating thereto for 30 years from 01-10-1995 To 21-02-2025 for acts and encumbrances affecting the said property and that on such search the following acts and encumbrances appear

[illegible]