DEBIT VOUCHER

GV Research Centre.

Voucher No. _____

A/c. _____ Date : 27/03/2025

				Rs.	Ps.
Paid to	Vishvakarma Fabrications works.				
towards	Scaffolding labour charges for GVRC site			1,700/-	
Rupees	One thousand Seven hundred Rupees only				
Paid by Cheque / Cash	Cheque No.	Dated	Drawn on Bank	1,700/-	

Prepared by Sadhana

APPROVED
27 MAR 25
MINISH PARIKH
MANAGER PRO.

Appraised by

Receiver's Signature

VISHVAKARMA
FABRICATION WORKS

Manufacurers : Fabrication & Rolling Works
Pipe Bending Rod, Plate Hydralic Pressing & DishBending Ect.

Cell :8008938431
7981439962

Opp:B.S.T Steels
B.N.Reddy Nagar
Phase-I, Main Road,
Cherlapally,HYD-051

M/s. GVRC

Bill No. : 899
Date : 17/3/25
Enq No. :
Date :

Sl. No.	PARTICULARS	Qty.	Rate	Amount
1	Scaffolding	30 Nos	50	1500
	Labour Charges			200
			TOTAL	1700

Rupees : .....

.....

.....

For VISHVAKARMAFABRICATION WORKS

Receiver's Signature

Proprietor

VISHVAKARMA FABRICATION WORKS

Manufacurers : Fabrication & Rolling Works
Pipe Bending Rod, Plate Hydralic Pressing & DishBending Ect.

Cell :8008938431
7981439962
Opp:B.S.T Steels
B.N.Reddy Nagar
Phase-I, Main Road,
Cherlapally,HYD-051

M/s. GVRC

Bill No. : 889
Date : 17/3/25
Enq No. :
Date :

Sl. No.	PARTICULARS	Qty.	Rate	Amount
1	Scaffolding	30 Nos	50	1500
	Labour Charges			200

INWARD
Inward No: 16561 + Dt: 17/3/25
G.P.N No: 16562 Dt:
Received By: NIRAJ Sign:
Genome Valley Research Center Pvt. Ltd.

Rupees : .....

TOTAL 1700

For VISHVAKARMAFABRICATION WORKS

Receiver's Signature

Proprietor

Weekly - Petty cash /expense card statement

Name	J. Selva kumar.	Statement date	27/03/25
Prepared by	J. Selva kumar.	Sign	
From period	27/03/25	To period	27/03/25

Sl No	Debit to company	Debit to project	Description of expense	Amount	Bill enclosed	GST bill
1.	GVRC	GVRC	Vishvakarma Fabrications Works.			
2.			Scaffolding Labour charges for	1,700/-		
3.			GVRC site			
4.						
5.						
6.						
7.						
8.						
9.				1,700/-		

Amount to be credited by ☐ Transfer to Haapay card, ☐ Transfer to expense card, ☐ Cash reimbursement, ☐ Transfer to personal a/c. ☐ Other:

Approved by:	Div. Manager	Accountant	Accounts Manager	MD
Sign:				
Date:				

APPROVED
27 MAR 25
MINISH PARIKH
MANAGER EHS

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