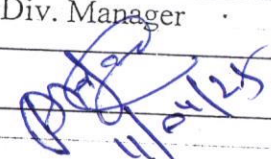


Weekly - Petty cash /expense card statement.

Name	Ch Ramesh		Statement date	Card No:4629 5254 2716 5716		
Prepared by	Ch Ramesh		Sign			
From period			To period			

Sl No	Debit company	to	Debit to project	Description of expense	Amount	Bill enclosed	GST bill
1.	AAT		AAT	Carrel from Muzaljudu to Ho	200	☐ Y ☐ N	☐ Y ☐ N
2.						☐ Y ☐ N	☐ Y ☐ N
3.						☐ Y ☐ N	☐ Y ☐ N
4.						☐ Y ☐ N	☐ Y ☐ N
5.						☐ 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.						☐ Y ☐ N	☐ Y ☐ N
11.	Total				200	☐ Y ☐ N	☐ Y ☐ N

Amount to be credited by	☐ Transfer to expense card, ☐ Cash reimbursement, ☐ Transfer to personal a/c. ☐ Other:			
Approved by:	Div. Manager	Accountant	Accounts Manager	MD
Sign:				
Date:	11/04/25			

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 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

Medi Realty Mnyal guda

Voucher No. _____

A/c. _____ Date : 10/4/25

Paid to <u>DTDC</u>				Rs.	Ps.
towards <u>conva from mnyal guda to H.O</u>				200 1	
Rupees <u>Two hundred only</u>					
Paid by <u>Cheque</u>	Cheque No.	Dated	Drawn on Bank		
Cash				200	

Prepared by

Approved by

Receiver's Signature



DTDC Express Limited
Regd. Office: No-3, Victoria Road
Bengaluru - 560047

Vendor Code : 100001

Non Negotiable Consignment Note Subject to Bengaluru Jurisdiction.

ORIGIN

B

POUCH NO.

DEST.

DATE

1 Sender's (Consignor) Name:

Company Name & Address:

Ph:

City:

Sender's GSTIN*:

State:

PIN Code:

The consignment note is not a tax invoice. A tax invoice will be made available by DTDC or its channel partner as the case may be, upon request.

2 Recipient's (Consignee) Name:

Company Name & Address:

Ph:

City:

Recipient's GSTIN*:

PIN Code:

4 Description of Content

Item Code : 11000280

3 Nature of consignment (✓) ☐ Dox ☐ Non-Dox ☐ Total Num Pcs: *Where Applicable
DIM 1: L cm X B cm X H cm X Pcs Actual Wt.: kg
DIM 2: L cm X B cm X H cm X Pcs Volumetric Wt.: kg
DIM 3: L cm X B cm X H cm X Pcs Chargeable Wt.: kg

5 Paper Work Enclosures

10 I/We declare that this consignment does not contain personal mail, cash, jewellery, contraband, illegal drugs, any prohibited items and commodities which can cause safety hazards while transporting

Sender's Signature & Seal

9 Charges Amount(₹)

a) Tariff (incl. Of FSC + Taxes)

b) Risk Surcharge

c) Total amount (a+b)

Above charges are inclusive of GST & other taxes if applicable

Mode of Payment: Cash ☐ Card ☐ Wallet ☐

11 Booking Branch / Franchisee Code

6 Type of consignment (✓)

Commercial ☐ Non Commercial ☐

8 Mode (✓)

Surface ☐

Air Cargo ☐

Express ☐

Consignment Number

H51876058

12 Risk Surcharge

Owner

Carrier

SENDER COPY

Jan 2024

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Available at select cities & pin codes

http://www.dtdc.in || customersupport@dttdc.com || +91 9606 911 811



DTDC Express Limited
Regd. Office: No-3, Victoria Road
Bengaluru - 560047

Non Negotiable Consignment Note Subject to Bengaluru Jurisdiction.

1 Sender's (Consignor) Name:

Company Name & Address:

City:

Sender's GSTIN*:

State:

PIN Code:

3 Nature of consignment (✓) Dox ☐ Non-Dox ☐

DIM 1: L cm X B cm X H cm X Pcs

DIM 2: L cm X B cm X H cm X Pcs

DIM 3: L cm X B cm X H cm X Pcs

5 Paper Work Enclosures

10 I/We declare that this consignment does not contain personal mail, cash, jewellery, contraband, illegal drugs, any prohibited items and commodities which can cause safety hazards while transporting

Sender's Signature & Seal

Date:

I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.

Time:

AM/PM

<http://www.dtdc.in>

customersupport@dtcd.com

+91 9606 911 811

ORIGIN

POUCH NO.

DEST.

DATE

2

Recipient's (Consignee) Name:

Company Name & Address:

City:

Recipient's GSTIN*:

State:

PIN Code:

4 Description of Content

Total Value of consignment for carriage / E-Way bill

6 Type of consignment (✓) Commercial ☐ Non Commercial ☐

8 Mode (✓) Surface ☐ Air Cargo ☐ Express ☐

Consignment Number



H51547813

12 Risk Surcharge

Owner

Carrier

SENDER COPY

Jan 2024

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