

Weekly - Petty cash /expense card statement.

Name	GAURANG MODY			Statement date	26/04/25
Prepared by	GAURANG MODY			Sign	
From period				To period	

Sl No	Debit to company	Debit to project	Description of expense	Amount	Bill enclosed	GST bill
1.	GAURANG MODY		RATNADEEP RETAILING PVT LTD	4615	☒ ON	☒ ON
2.	GAURANG MODY		APOLLO HOSPITALS	1200	☒ ON	☒ ON
3.					☐ ON	☐ ON
4.					☐ ON	☐ ON
5.					☐ ON	☐ ON
6.					☐ ON	☐ ON
7.					☐ ON	☐ ON
8.					☐ ON	☐ ON
9.					☐ ON	☐ ON
10.					☐ ON	☐ ON
11.					☐ ON	☐ ON
Amount to be credited by:				Total:	5815	

Approved by: ☐ Transfer to expense card, ☐ Cash reimbursement, ☐ Transfer to personal a/c. ☐ Other:

Div Manager	Accountant	Accounts Manager	MD

Sign: 

Date: 26 APR 2025

G JAI KUMAR

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

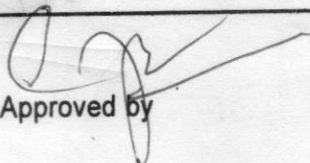
GURANGA MODS Sir

Voucher No. _____

A/c. _____ Date : 26/04/28

Paid to			Rs.	Ps.
LATNADEEP RETAIL PVT LTD			1715	00
towards PURCHASING OF GROSSER JAMES for			31	05
GURANGA MODS SIR			4615	00
Rupees four thousand six hundred			2	
fifteen only				
Paid by	Cheque No.	Dated	Drawn on Bank	
Cash ✓				4615 00

Prepared by 

Approved by 

Receiver's Signature



Approved by

Approved by

Approved by

4110

Check no. 4615

Check no.

Dated

Drawn on bank

4615
475
4110

475

MR

Account no.

21 APR 25 80
21 APR 24 31
19 APR 24 343
19 APR 24 210

31 MAR 24 1715
01 APR 24 31
02 APR 24 297
03 APR 24 31
07 APR 24 299
07 APR 24 31
09 APR 24 282
10 APR 24 4
12 APR 24 31
13 APR 24 72
14 APR 24 848
18 APR 24 237
17 APR 24 15
18 APR 24 161

DEBIT VOUCHER

Gauranga mody Sir

Voucher No. _____

A/c. _____ Date : 12/04/28

Paid to	APOLLO HOSPITALS			Rs.	Ps.
towards	Doctor's Check up for Gauranga mody Sir			1200	00
				}	
Rupees	one thousand Two hundred only				
Paid by	Cheque No.	Dated	Drawn on Bank	1200	00
Cash					

Prepared by

Sir

APPROVED BY
12 APR 2025
Approved by
G. JAI KUMAR
AGM-HR & Admin

Receiver's Signature

DEBIT VOUCHER

Cheque No.

Dated



GSTIN : 36AAACA5443N3ZH

Day Care/OP Cash Bill - Bill of Supply

Reference No :

Name : Mr. Gauran Modi

Age : 60Yr 9Mth 25Days

UHID: APJ1.0003435934

Guardian : Other

Sex : Male

Name

Address :



OP Number: OPP16550042



Pan Number:

Doctor's Name : Dr. ASHOK K ALIMCHANDANI

Bill No : JBH-OCS-4209126

Speciality : PSYCHIATRY

Date : 11-Apr-25

Time : 11:57:25



Bill Amount: ₹ 1,200.00

FOR APOLLO HOSPITALS

Amount in words: One Thousand Two Hundred Only

S.No	Service Type/Service Name	Department	Quantity	Ref Tariff	Dis(%)	Amount (INR)
1	Consultation (999311)					
1	OP Consultation - Follow Up Visit	Medical	1	1,200.00	0.00	1,200.00
					Sub Total	1,200.00

Service Amount :	1,200.00
Total Bill Amount	1,200.00
Final Payment	
(Cash:0.00, NonCash:1,200.00)	1,200.00

No Tax is Payable on Reverse Charge Basis

Receipt Details: Received with thanks sum of ₹ 1,200.00 (CARD (BHIM))

One Thousand Two Hundred Only From Mr. Gauran Modi

* Denotes Cancelled Services

(QR) Denotes Quick Registration

Authorized Signatory

Mr. Mohammed Arbaz .

Cashier

PAN NO:AAACA5443N * TAN NO:HYDA02318B * ROHINI ID:8900080328488

Online Payment access- <https://pay.apollohospitals.com>