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	☒Y ☐N	☒Y ☐N
2.	GAURANG	MODY	APPOLLO HOSPITALS	1200	☒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.					☐Y ☐N	☐Y ☐N
			Total:	5815		

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:				

APPROVED BY
26 APR 2025
G. JAI KUMAR
AGM (HR & Admin)

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

GAURANG MODI Sir

DEBIT VOUCHER

Voucher No. _____

A/c. _____ Date : 26/04/24

	Rs.	Ps.
Paid to RATNADEEP RETAIL PVT LTD		
towards PURCHASING OF GROCERY ITEMS FOR	1715	00
GAURANG MODY SIR	31	00
	4615	00
Rupees four thousand six hundred		
fifteen only		
Paid by Cheque ✓ / Cash — Cheque No. — Dated — Drawn on Bank	4615	00

Prepared by

Approved by

Receiver's Signature

31	MAR 25	1715
01	APR 25	31
02	APR 25	297
03	APR 25	31
07	APR 25	299
07	APR 25	31
09	APR 25	282
10	APR 25	74
12	APR 25	31
13	APR 25	72
14	APR 25	848
15	APR 25	237
17	APR 25	31
18	APR 25	161

4140

19	APR 25	21..
19	APR 25	343
21	APR 25	31
23	APR 25	80

475

4140
475
4615

4615/-

GAUTHAM MODY SIR

DEBIT VOUCHER

Voucher No. _____

A/c. _____ Date : 12/04/25

Paid to	APOLLO HOSPITALS	Rs.	Ps.
towards	Doctor Check up for GAUTHAM MODY SIR	1200	00
Rupees	one thousand Two Hundred only		
Paid by Cheque ✓ / Cash	Cheque No. / Dated / Drawn on Bank	1200	00

APPROVED BY
10 APR 2025
G. JAI KUMAR
AGM-HR & Admin

Prepared by Siri

Approved by

Receiver's Signature

DEBIT VOUCHER

Voucher No _____

A/c _____ Date : _____

Paid to		Rs.	Ps.
towards			
Rupees			
Paid by Cheque / Cash	Cheque No.	Dated	Drawn on Bank

Prepared by

Approved by

Receiver's Signature

Apollo Health City campus, Jubilee Hills, Hyderabad - 500 096.
+91-1860 258 1066
apollohealthcity@apollohospitals.com www.apollohealthcity.com
apollohealthcity apollohealthhyd apollohealthcityhyd

For appointments or online consultation, visit www.askapollo.com

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Apollo HOSPITALS

GSTIN : 36AAACA5443N3ZH **Day Care/OP Cash Bill - Bill of Supply** **Reference No :**

Name : Mr. Gauran Modi Age : 60Yr 9Mth 25Days

Sex : Male

Guardian Name : Other

Address :

Pan Number:

UHID: APJ1.0003435934

OP Number: OPP16550042

Doctor's Name : Dr. ASHOK K ALIMCHANDANI

Speciality : PSYCHIATRY

Bill No : JBH-OCS-4209126

Date : 11-Apr-25 Time : 11:57:25

Bill Amount: `. 1,200.00

Amount in words: ` One Thousand Two Hundred Only

FOR APOLLO HOSPITALS

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

EMERGENCY CALL - 1066

"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"