## Weekly - Petty cash /expense card statement.

Name C		Ch Ramesh			Statement date	Card No:4629 5254 2716 5716						
Prepare	ed by	Ch Ramesh			Sign	5						
From p	eriod				To period	-						
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Appro	ved by:	Di	Div. Manager		Accountant		Accounts Manager M		ИD	D		
Sign:		(8)	18X	Je!		8.						
Date:			S DE				statement and send to respec					

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

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