Weekly - Petty cash /expense card statement.

Name	P. Raghu	Statement date	10/6/25
Prepared by	P. Raghu	Sign	P. Raghu
From period		To period	

Sl No	Debit to company	Debit to project	Description of expense	Amount	Bill enclosed	GST bill
1.	MHPL (HO)	MHPL (HO).	Purchase at L Folder Ledger size		OY ON	OY ON
2.			For Kanakarao sir use Purpose	1300-00	OY ON	OY ON
3.	MHPL (HO)	MHPL (HO)	Purchase at D. Cold Tablets for		OY ON	OY ON
4.			HO Staff use Purpose	1217-00	OY ON	OY ON
5.					OY ON	OY ON
6.					OY ON	OY ON
7.					OY ON	OY ON
8.					OY ON	OY ON
9.					OY ON	OY ON
10.	Total					

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

APPROVED
13 JUN 25
MINISH PARIKH
MANAGER PROCUREMENT

DEBIT VOUCHER

MHPL (HO)

Voucher No. ______________

A/c. ______________________________ Date : ______________

Paid to Prime Aid Medicals	Rs.	Ps.
towards purchase at D.cold total Tables	1217 =	
For Head office staff purpose		
Rupees one Thousand Two Hundred and		
seventeen only		
Paid by ~~Cheque~~ / Cash — Cheque No. [ ] Dated [ ] Drawn on Bank [ ]	1217 =	

APPROVED

13 JUN 20..

MINISH PARIKH

MANAGER PROCUREMENT

Prepared by P. Ray

Approved by

Receiver's Signature

SRI SAI STATIONERY AND XEROX

MHPL (HO)

SRI SAI RESIDENCY COLONY, CHENGICHERLA, HYD-500092

CELL: 9652050153. Date: 8/6/25

S.No.	PARTICULARS	QTY.	Pc.Rs.	RS.
1)	L folder Leggor	200	6/50	1300--
	TOTAL			1300-00

For SRI SAI STATIONARY AND XEROX

Proprietor

SIGNATURE

INWARD	
Inward No: 102	Dt: 10/6/17
MRN No:	Dt:
Received By: [illegible]	Sign: [illegible]
MODI PROPERTIES	

DEBIT VOUCHER

MHPL (HO)

Voucher No. ______________

A/c. ______________ Date : 8/6/25

	Rs.	Ps.
Paid to sri sai stationery and xerox		
towards Purchase at L Folder size Ledger For	1300-/-	
kankarao sir use Purpose		
Rupees one Thousand Three Hundrand only		
Paid by ~~Cheque~~ / Cash — Cheque No. — Dated — Drawn on Bank	1300-/-	

P. Reddy
Prepared by

APPROVED
13 JUN 20..
Approved by
MINISH PARIKH
MANAGER PROCUREMENT

Receiver's Signature

PRIME AID MEDICALS

Beside Green Trends Salon, Near Heritage Fresh
Vegetable Market Road, New Nallakunta, Hyderabad.

Invoice No.: 4295

Date : 12/June/2025

D.L. No. : TG/24/01/2017-22914

GSTIN : 36AAUFP4849C1ZT

Mobile : 7981291096

Name : - General (M.O.D)

Doctor : -

S.No.	Product	Batch No.	Sch	Exp Dt.	Qty.	Rate	GST%	Amount
1	Combiflam	1025071	H	1/27	20	55.71		55.71
2	D.Cold. total	DC003	H	6/26	24	93.08		93.08
3	Saridon	MH10503	H	11/26	20	50.00		100.00
4	Eldoper	ECA80281	H	12/27	15	63.67		63.67
5	Gelusil	2518015E	H	12/26	15	26.39		26.39
6	Nicip	4BS084	H	9/27	20	43.43		86.90
7	Okacet	4B309	H	10/27	20	42.10		42.10
8	Cyclopam	24070474	H	1/26	10	60.40		60.40
9	Volini Spray	-	-	-	2	320		640.00
10	Cotton				1	29.		29.00
11	Band-Aid				2	20		20

1217.21

INWARD
Inward No: 106 Dt: 12/6/25
MRN No: - Dt: -
Received By: Samarth
MODEL STRUCTURES

* Goods once sold will not be taken back or exchanged
Subject to Hyderabad Jurisdiction E.&O.E.

For Prime Aid Medicals