

Weekly - Petty cash /expense card statement

Name		J. Lehar Kowar.		Statement date		16/8/25	
Prepared by		"		Sign		[Signature]	
From period		14/8/25		To period		16/8/25	
SI No	Debit to company	Debit to project	Description of expense	Amount	Bill enclosed	GST bill	
1.	AMTZ 801	AMTZ 801	Scaffolding Starting Repar	21840			
2.	AMTZ 801	AMTZ 801	B. Sathalan saw room cover	2750			
3.							
4.							
5.							
6.							
7.							
8.							
9.							
Amount to be credited by		Transfer to Haapay card, ☒ Transfer to expense card, ☐ Cash reimbursement, ☐ Transfer to personal a/c.		21590/-			
Approved by:		APPROVED		Accounts Manager		MD	
Sign:		16 AUG 2025					
Date:		MINISH PARIKH					

Notes: 1. Scanned copy of this statement to be attached to this statement and send to respective accountant by Monday 3. Accountants to make payment on receipt of scanned statement. 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. 3. If original statement with vouchers of last week is not received withhold further payment and salary 5. Employees need 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. MD's approval is required for expenses of over 10,000/- per week.

MEMO

Date & From	TO & REMARKS
06/08/2025 MIMSH	Soham Bheir Scaffolding Material is ready to dispatch all are vertical Payment to be done to vendor 336x65/- = 21,840/- (Including Requesting for cash Payment from ARTZ)
	W APPROVED BY 06 AUG 2025 SOHAM MODI

DEBIT VOUCHER

AWTZ Medicals Square ustr put 170

Voucher No. _____

Ac. _____

Date: 16/8/25

Paid to		Rs.		Pa.	
Vishwakarma Fabrication works					
towards		21840		✓	
work done at Seethaling.					
Siddhant Singh & Belaxing Chagel.					
Rupees		Twentyone thousand eight			
		hundred forty four			
Cheque No.		Dated		Drawn on Bank	
APPROVED					
Paid by		Cheque		Cash	
21840					

Receiver's Signature

[Signature]

MANAGER PRO

16 AUG 2025

Prepared by

[Signature]

DEBIT VOUCHER

AWT2 Medpous Square 801 Put LTD

Voucher No. _____

A/c. _____ Date: 16/8/25

Paid to	Rs.	Ps.
B. Satharath & Son	2750	0
towards purchase of 5MP power cover		
Reg. 20250812005		
Rupess Two thousand seven hundred, and		
fifty only		
Paid by <u>Cheque</u>		
<u>Cash</u>		
Cheque No. _____		
Dated _____		
Drawn on Bank		
APPROVED	2750	0

Prepared by 

16 AUG 2025
Approved by
MINISH PARIKH
MANAGER PRO.

Receiver's Signature



Cell : 98493 07578
98487 13341



(S) : 66204795
(R) : 66494795

B. SATHAIAH & SON

PIPE MERCHANTS

5-1-459/1, Ranigunj, Secunderabad.

Date : 14/8/25

① 5 HP Dabm @ 550 2750
Cover

2750

OK

★



VISHVAKARMA FABRICATION WORKS

Manufacturers: Fabrication & Rolling Works
Pipe Bending Rod, Plate Hydraulic Pressing &
Dish Bending Etc.

Cell: 8008938431
7981439962

Opp: B.S.T Steels
B.N.Reddy Nagar
Phase-I, Main Road,
Cherlapally, HYD-051

M/s. *Med Police Camp*
AMT 27 4554 Pvt. Ltd

Bill No.

043

Date:

Enq No:

Date:

07/08/25

AMS 4554

Sl. No	PARTICULARS	Qty.	Rate	Amount
	<i>Scaffolding straightening & Repairing</i>	<i>336 Nbs</i>	<i>65/-</i>	<i>21,840/-</i>
Rupees <i>Twenty one thousand, Eight hundred and forty Rupees only.</i>			TOTAL	<i>21,840/-</i>

For VISHVAKARMA FABRICATION WORKS

Receiver's Signature

Proprietor

Requisition Form

Company Name	AMTZ Medpolis Square 801 Pvt Ltd	Date	12 Aug 2025
Site Or Phase	AMTZ 801 Pvt Ltd	Time	10:35:58
For Use In Flat/Villa/Other	Pumps covering purpose	Req.No.	20250812005
Material required before date			

S.No	Description	Qty Required	Qty Available at Site	Order Qty	Last Rate	Inward No	Date
1	HARD9292-Hardware-GI-Domes-2'x1.1-Nos.	5.00	0	5.00	400.00		
Add Spec	2ftx1ft						

PO Num	Date	Type	Status
20250812006	12 Aug 2025	PO	Open PO

Sno	Role	User	Remarks	Date And Time
1	Const-Data Entry Operator	Rahul G.		12 Aug 2025 10:35:58 am
2	Const-Data Entry Operator	Rahul G.	System Generated:This Requisition Has Been Approved	12 Aug 2025 10:36:20 am

Prepared By :- Rahul G.

Sign:-

Date :- 12 Aug 2025

Approved By:-

Sign:-

Date:-

Note: On receipt of material at site write inward number and date in last two columns