## Weekly - Petty cash /expense card statement.

Approved A		A.Suresh			Statement date	17-10-202	25							
		I.Rama krishna				Sign								
From period 08-		08-10-	-10-2025			To period	17-10-202	25						
Sl No Debit to compa		pany Debit to project		oject De	Description of expense		Amo	Amount		- 1	GST	ր bill		
											enclosed			
1.		SJK		DP	-24 Tra	ensportation chrag	ger		500/-			N	□Y	□N
2.											$\Box$ Y $\Box$	N	$\Box Y$	$\square$ N
3											$\Box$ Y $\Box$	N	□Y	$\square$ N
4												N	□Y	□N
5											$\Box Y$	N	□Y	□N
6											□Y□	N	□Y	$\square N$
7											$\Box Y$ $\Box$	N	□Y	$\square$ N
9	Total								500/-					
Amour		be												
Approved by:			Div. Manager		Accountant		Accounts Manager		MD					
Sign			A.Suresh											
Date:		_												

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

## Weekly - Petty cash /expense card statement.

Approved A.Sur		uresh			Statement date	17-10-202	5							
Prepared by I.Ram		ma krishna			Sign									
From period 08-10		08-10-	0-2025			To period	17-10-202	25						
Sl No Debit to comp		pany Debit to project De		scription of expense			Amou	ınt	Bill GS enclosed		GST	Γ bill		
1. SJK			DP-	24 Tra	ansportation chrager			500/-		$\Box Y$	N	□Y	□N	
2.												N	$\Box Y$	□N
3											□ <b>Y</b> □	N	$\Box Y$	□N
4											$\Box Y$	N	□Y	□N
5											$\Box Y$	N	□Y	□N
6											$\Box Y$	N	□Y	□N
7											$\Box Y$	N	□Y	□N
9 Total						500/-								
Amour credite		be												
Approved by:		Div. Manager			Accountant		Accounts Manager		MD					
Sign			A.Suresh											
Date:														

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

DEBIT VOUCHER									
Company/Firm Project	SJK DP24								
Voucher no.	1								
Account head	SJK								
Paid to									
Towards/description of work	Towards transportation charges for red mud shifting from GHT To DP-24								
Location of work	Bowenpally								
Period	08-10-2025			1	5-10-2025				
Amount in Rs.	500/-								
	Five hundred only								
	Cheque/trf no.		Date		Bank				
Prepared by	Approved by		Receivers name		Receivers signature				
I.Rama Krishna									

Notes:1. Print full sheet. 2. To be used for all minor maintenance works. 3. Details of labour, hire charges, material may be printed/written overleaf. 4. Project may differ from location of work.