Date: gd/b/V	Sign:	Approved by:	credited by	Amount						-	SI No	Fro	Pre	
				nt to					Mcmet	company	No Debit	From period	Prepared by	Name
				be					1,	any		01.	P.S	P.S
M/9/1/	W/9	Div <sub>\\</sub> Manager	☐ Other:	☐ Transfer to I	Total			Hospital	Manilal Modi	project	to Debit to	01.10.25	P.Saikumar Reddy	P.Saikumar Reddy
		A		lappay card, □ T					Towards Unload		Description of expenses	To period	Sign	Statement date
		Accountant	,	☐ Transfer to Happay card, ☐ Transfer to expense card, ☐ Cash reimbursement, ☐ Transfer to personal a/c.					lowards Unloading of 200 cement bags 200@Rs.6		xpenses			
		Acco		d, 🗆 Cash re					gs 200@Rs.6			28.10.2025	P.Saikumar Reddy	28.10.2025
		Accounts Manager		eimbursement.					O.				r Reddy	
		M	7	ransfer to pers	1200				1200.00		Amount			
			Charles at C.	onal a/c.					Y	enclosed	Bill			
									Z	bill	GST			

expenses of over 10,000/- per week. months. 6. Division manager and accounts manager approval required for expenses of over 2,000/- per week. MDs approval is required for with vouchers of last week is not received withhold further payment and salary. 5. Employee must maintain photocopy of all bills/vouchers for 3 to respective accountant by Monday. 3. Accountants to make payment on receipted of scanned statement on Saturday. 4. If original statement 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

