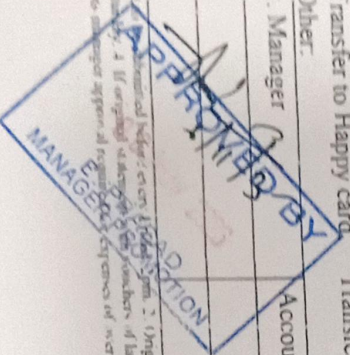


Weekly - Petty cash / expense card statement.

Name		U NAKSHI NATHAN		Statement date		6/11/15	
Prepared by		U NAKSHI		Sign		U NAKSHI	
From period				To period			
Sl No	Debit to company	Debit to project	Description of expense	Amount	Bill enclosed	C&T bill	
1	HOGG HEALTH Genome Valley LLP		SARSHI CLASSIFIED PAPER AND	2961	Y N	Y N	
2	11	11	ISPR Bureau Distribution at Genome Valley LLP	900	Y N	Y N	
3					Y N	Y N	
4					Y N	Y N	
5					Y N	Y N	
6					Y N	Y N	
7					Y N	Y N	
8					Y N	Y N	
9							
10	Total			5861			
Amount to be credited by		Transfer to Happy card		Transfer to expense card.		Cash reimbursement, Transfer to personal a/c.	
Approved by:		Other: Div. Manager		Accountant		Accounts Manager MD	
Sign:							
Date:							

Notes: 1. Scanned copy of this statement is to be submitted to the Accounts Manager by Monday 3. Accountants to make payment as required of scanned statement on Sunday. 4. If original vouchers for last week is not received withhold further payment and carry 5. 1 employee must maintain photocopy of all bills vouchers for 1 month. 6. If no bills vouchers and accurate manager approval required for expenses of over 10,000/- per week.



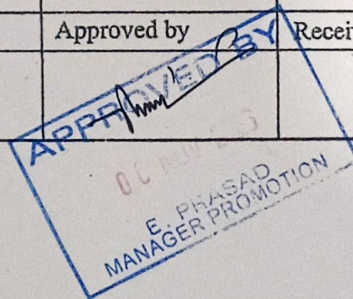
DEBIT VOUCHER

Company/Firm	MODI Beauty Genome Valley UP		
Project	B2W		
Voucher No.			
Account head			
Paid to	NANDINI ADS		
Towards/description of work	SAIKSHI CLASSIFICATION PAPER AS 14/11/25 16/11/25		
Location of work			
Amount in Rs.	2961/-		
Amount in words	TWO THOUSAND NINE HUNDRED SIXTY ONE ONLY		
Mode of payment			
	Cheque/trf No.	Date 6/11/25	Bank
Prepared by	Approved by	Receivers Name	Receivers Signature
Prash	Am		

APPROVED BY
06 NOV 2025
E. PRASAD
MANAGER PROMOTION

DEBIT VOUCHER

Company/Firm	Modi Realty Genome Valley up		
Project	Bgv		
Voucher No.			
Account head			
Paid to	Bgv Broker Distribution		
Towards/description of work	Bgv Broker Distribution at Genome Valley Business bno,		
Location of work			
Amount in Rs.	900/-		
Amount in words	Nine hundred only		
Mode of payment			
	Cheque/trf No.	Date 6/11/25	Bank
Prepared by	Approved by	Receivers Name	Receivers Signature
<i>[Signature]</i>	<i>[Signature]</i>		



BLOOMDALE

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