

ment (medi result) / cow / cov LLP

A/c.


Date :

5/11/24


Paid to <u>Sea bad bank</u>				Rs.	Ps.
towards <u>Purchase of Stamp Paper 20 Nos</u>				2800	✓
				1	
Rupees <u>Two Thousand eight hundred only</u>					
Paid by <u>Cheque</u>		Cheque No.	Dated	Drawn on Bank	
<u>Cash</u>					2800 ✓

Approved by _____

Receiver's Signature

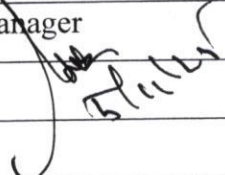


Weekly - Petty cash /expense card statement.

Name	Ch Ramesh		Statement date	Card No:4629 5254 2716 5716		
Prepared by	Ch Ramesh		Sign			
From period			To period			

SI No	Debit company	to	Debit to project	Description of expense	Amount	Bill enclosed	GST bill
1.	CHT		CHT	Purchase of Stamp Paper	200	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2.						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3.						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4.						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
5.						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
6.						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
7.						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
8.						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
9.						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
10.						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
11.	Total				200		

Amount to be credited by ☐ Transfer to expense card, ☐ Cash reimbursement, ☐ Transfer to personal a/c. ☐ Other:

Approved by:	Div. Manager	Accountant	Accounts Manager	MD
Sign:				
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 receipt 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