

DEBIT VOUCHER

metto (modi result) /com/accov LLP

Voucher No. _____

A/c. _____

Date: 5/1/20

Paid to	Rs.	Ps.
See bat court Purchase of Stamp Paper 20 nos	2800	—
	—	—
Rupees Two Thousand Eight Hundred only	—	—
Paid by <input type="checkbox"/> Cheque <input type="checkbox"/> Cash	2800	—
Cheque No.	Dated	Drawn on Bank

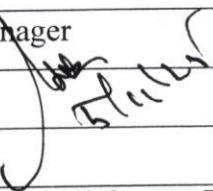
Prepared by

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 Stand paper	2100	<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				2100		
Amount to be credited by	<input type="checkbox"/> Transfer to expense card, <input type="checkbox"/> Cash reimbursement, <input type="checkbox"/> Transfer to personal a/c. <input type="checkbox"/> 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 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