

DEBIT VOUCHER

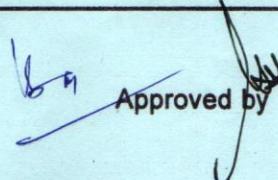
Mali Properties Ltd (td)

Voucher No. _____

A/c. _____ Date : 19/12/25

| Paid to | Rs. | Ps. | |
|--|------------------|-------------|---------------------|
| See Sard cont towards Purchase of stamp papers EC Purpose Scangrey | 560 | | |
| Rupees Five hundred sixty only | / | | |
| | | | |
| Paid by <input type="checkbox"/> Cheque <input type="checkbox"/> Cash | Cheque No. _____ | Dated _____ | Drawn on Bank _____ |
| | | | |
| | | | 560 - |

Prepared by


Approved byReceiver's Signature

DEBIT VOUCHER

Modi Property Pvt Ltd

Voucher No. _____

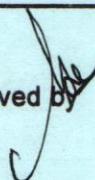
A/c. _____ Date : 19/12/25

| Paid to | Rs. | Ps. |
|---|------------------|---------------------|
| Sec'bad court towards Purchase of stamp paper (2 nos) | 1680 | |
| | | |
| Rupees one thousand six hundred eighty only | | |
| Paid by <input checked="" type="checkbox"/> Cheque <input type="checkbox"/> Cash | Cheque No. _____ | Dated _____ |
| | | Drawn on Bank _____ |
| | | |
| | 1680 | |

Prepared by

Approved by

Receiver's Signature



Weekly - Petty cash /expense card statement.

Card No:4629 5254 2716 5716

| Name | Ch Ramesh | | Statement date | | | |
|--------------------------|--|-------------------|------------------|--|-------------|---|
| Prepared by | Ch Ramesh | | Sign | <i>PL</i> | | |
| From period | | | To period | | | |
| SI No | Debit company | to | Debit to project | Description of expense | Amount | Bill enclosed |
| 1. | <i>MPL</i> | | | <i>Purchase of stamp paper (Sugus)</i> | <i>568</i> | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. | <i>MPL</i> | | | <i>Purchase of stamp paper</i> | <i>1680</i> | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3. | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 6. | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 7. | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 8. | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 9. | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 10. | | | | | | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 11. | Total | | | | | <i>2240</i> |
| 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: | <i>AB</i> | <i>19/11/2025</i> | | | | |
| 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