

**DEBIT VOUCHER**

Mali Properties Pvt Ltd

Voucher No. \_\_\_\_\_

A/c. \_\_\_\_\_ Date : 19/12/25

Paid to	Sec'bad cont			Rs.	Ps.
towards	Purchase of Stamp Papers EC Purpose			560	
	Sanyal				
Rupees	Five Hundred Sixty only			1	
Paid by	Cheque	Cheque No.	Dated	Drawn on Bank	
	Cash				
					560 +

Prepared by

Approved by

Receiver's Signature

**DEBIT VOUCHER**

Modi Property Pvt Ltd

Voucher No. \_\_\_\_\_

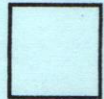
A/c. \_\_\_\_\_ Date : 19/12/25

Paid to Sec'bad court				Rs.	Ps.
towards Purchase of Stamp Paper 12 nos				1680	
Rupees one Thousand Six Hundred eighty only					
Paid by	Cheque Cash	Cheque No.	Dated	Drawn on Bank	
					1680 -

Prepared by

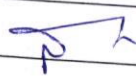
Approved by

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			

Sl No	Debit company	to	Debit to project	Description of expense	Amount	Bill enclosed	GST bill
1.	MPP		MPP				
2.	MPP		MPP	Purchase of stamp paper	560	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3.			MPP	Purchase of stamp paper	1680	<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				2240	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

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

Approved by: Div. Manager

Sign: Accountant

Date: Accounts Manager MD

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