

DEBIT VOUCHER

Modi realty gerome valley

Voucher No. _____

A/c. _____ Date : 29/12/25


Paid to <i>Seelbad court</i>				Rs.	Ps.	
towards <i>Purchase of stamp Papers 12 Nos</i>				1680	-	
Rupees <i>One Thousand Six Hundred Eighty only</i>						
Paid by	<u>Cheque</u> Cash	Cheque No. <div></div>	Dated <div></div>	Drawn on Bank <div></div>	1680	-

Prepared by

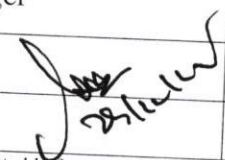

Approved by *[Signature]*

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.	BPGU		BPGU	Purchase of Stamp paper	1680	<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				1680	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

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 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