

Weekly - Petty cash /expense card statement.

Name	K Suneel Kumar		Statement date	09-01-2026 Card No.4629 5254 2716 5724			
Prepared by	K Suneel Kumar		Sign				
From period	02-01-2026		To period	08-01-2026			
Sl No	Debit to company	Debit to project	Description of expense		Amount	Bill enclosed	GST bill
1.	MHTR	MHTR	Adapter purchased		400	<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				400		
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

**DEBIT VOUCHER**

mod. Horse Tradition

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

A/c. \_\_\_\_\_ Date : 6/11/26

Paid to	Sai Community	Rs.	
towards	D type adaptors for tab purchased for Ravleen	Rs.	400
Rupees	Four hundred only	Rs.	11
Paid by	Cheque Cash	Cheque No.	Dated
			Drawn on Bank

Prepared by

Approved by

**Receiver's Signature**