

Weekly - Petty cash /expense card statement.

Visual
Trans
to JK
canal

Name	G JAI KUMAR		Statement date	09-01-2026		
Prepared by	JAI KUMAR		Sign			
From period	03-01-2026		To period	09-01-2026		

Sl No	Debit to company	Debit to project	Description of expense	Amount	Bill enclosed	GST bill
1.	MPPL	MPPL	Ghmc Grbage Collection DEC-25	400 ✓	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2.	MPPL	MPPL	E Department Power Problem	450 ✓	<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.	Total			850/-	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Amount to be credited by ☐ Transfer to Haapay card, ☐ Transfer to expense card, ☐ Cash reimbursement, ☐ Transfer to personal a/c.

Approved by: *Div. Manager*

Sign: *JAI KUMAR*

Date: *09 JAN 2026*

Accountant

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

DEBIT VOUCHER

Voucher No. _____

A/c. _____

Date : 8/1/28

Paid to <u>E. Dept. (Koribhna)</u>	Rs.	Ps.
towards <u>power fluctuation and phase</u>	450/-	1
<u>problem as on 8/1/28</u>		
Rupees <u>four hundred and fifty Rs. only</u>		
<div style="display: flex; justify-content: space-between;"> <div> Paid by Cheque Cash </div> <div> Cheque No. </div> <div> Dated </div> <div> Drawn on Bank </div> </div>	450/-	

Prepared by

Approved by

Receiver's Signature

DEBIT VOUCHER

MPP2

Voucher No. _____

A/c. _____

Date : 8/1/26

Paid to <u>CHMC Garbage Collector.</u>		Rs.	Ps.
towards <u>Garbage Collecting for the Month</u>		400/-	
<u>of Dec 2025</u>			
Rupees <u>Four hundred Rs. only</u>			
Paid by <u>Cheque</u>	Cheque No. <u>08 JAN 2026</u>	Dated <u>08 JAN 2026</u>	Drawn on Bank
<u>Cash</u>			
		400/-	

Prepared by [Signature] 8/1/26

APPROVED BY
[Signature]
Approved by

Receiver's Signature [Signature]