
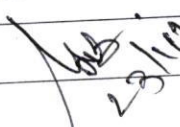


Weekly - Petty cash /expense card statement.

Card No:4629 5254 2716 5716

Name		Ch Ramesh		Statement date			
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.	Am Ty		Am Ty	cash bag purchased	2200	<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.							
11.	Total				2200		
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:		23/12/2020					

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

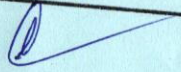
Amtz.

Voucher No. _____

A/c. _____

Date : *23/01/2026*

Paid to	<i>Sai mounika bags.</i>	Rs.	Ps.
towards	<i>towards purchase of Carh bags.</i>	<i>2200-00</i>	
	<i>10 NOS.</i>		
Rupees	<i>Two thousand two hundred only</i>		
Paid by	<u>Cheque</u>	Cheque No.	Dated
	<u>Cash</u>	<input type="text"/>	<input type="text"/>
		Drawn on Bank	<input type="text"/>
		<i>2200-00</i>	

Prepared by 

Approved by

Receiver's Signature

For SAI MONICA BAGS