

Weekly - Petty cash /expense card statement.

Card No:4629 5254 2716 5716

Name	Ch Ramesh		Statement date				
Prepared by	Ch Ramesh		Sign	<i>✓</i>			
From period			To period				
SI No	Debit company	to	Debit to project	Description of expense	Amount	Bill enclosed	GST bill
1.	<i>Am Ty</i>		<i>Am Ty</i>	<i>cash bag purchase</i>	<i>2200</i>	<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				<i>2200</i>		
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	<i>✓ 21/12/2022</i>	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

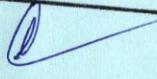
DEBIT VOUCHER

Amz.

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

A/c. \_\_\_\_\_

Date : 23/01/2026

Paid to towards	Rs.	Ps.
Sai mounika bags. towards purchase of Cash bags.	2200 - 00	
Rupees Two thousand two hundred only		
Paid by Cheque Cash	Cheque No. _____	Dated _____
		Drawn on Bank _____
Prepared by 	Approved by	Receiver's Signature <input type="text"/>

OM SAI RAM  
SAI MONICA BAGS  
7-1-532/3, Bandimet, Mysore  
Opp. P. T. O. Office  
Ph: 9440723967

Ph : 9440723967

23967

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1.5.

Date 22/1/26

Particulars	Rate	Amount Rs.	Ps
Cancer cash book	220/-	2200-00	
10			
			TOTAL 2200-00

For SAI MONICA BAGS