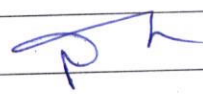
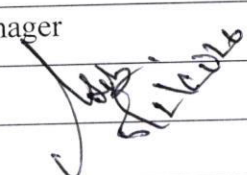


Weekly - Petty cash /expense card statement.

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.	NRIC		NRIC	Purchase of Stamp paper	1600	<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				1600		
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**

Dr MRK Biotech

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

Date : 5/2/26

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

			Rs.	Ps.	
Paid to Se'bad Court			1680	-	
towards Purchase of Stamp Paper - 12 NO					
for MATRX - documentation purpose					
Rupees One Thousand Six Hundred Eighty only			1		
Paid by <u>Cheque</u> Cash	Cheque No. <div></div>	Dated <div></div>	Drawn on Bank <div></div>	1680	-

Prepared by

Approved by

Receiver's Signature