

Card no 4629 5254 2916 5880
 Weekly - Petty cash / expense card statement.

Name		R. Naapay Kesmei		Statement date	12/02/26	
Prepared by		[Signature]		Sign	[Signature]	
From period		03/2/26		To period	12/02/26	
Sl No	Debit to company	Debit to project	Description of expense	Amount	Bill enclosed	GST bill
1.	MPL	tho	Towards apply of c-c-caps	510/-	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2.			Towards apply of c-c-caps	510/-	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3.			Towards issue of c-c-caps	1000/-	<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			2020/-		
Amount to be credited by		<input type="checkbox"/> Transfer to Haapay card, <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:		[Signature]				
Date:		12/2/26				

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

M P P L

Voucher No. _____

A/c. _____

Date: 08/01/28.

			Rs.	Ps.
Paid to	Sko butapally		510.	00
towards	Towards apply of certify			
	Copies Doc No 5733/1891			
Rupees	five hundred & Pien only		1	
Paid by	Cheque No.	Dated	Drawn on Bank	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Cash			
				510. 00

Prepared by

Approved by

Receiver's Signature



Mee Seva App



Governance in your hands - Anytime, Anywhere

గణతంత్ర్య సేవలు మీ చేతుల్లో - ఎప్పుడూ ఎక్కడైనా

Receipt

ServiceName:	Certified Copy
Transaction Date:	2/3/2026 11:31:33 AM
Transaction ID:	MGOV10700983152013141
Department Transaction ID:	CCR26ULS030226
Name of remitter:	Sanjay
District :	RANGAREDDY
SRO Jurisdiction:	RANGA REDDY (R.O)
Amount:	500
Service Charges:	10
Total Amount:	510

Note :

1. Dear User, please visit the respective Sub Registrar Office(SRO)/ District Registrar Office(DRO) to avail the service.
2. Additional amount per page is to be paid at SRO for printing of pages attached with the certificate. Amount per page would be known at SRO office.
3. The amount once paid is not refundable and valid upto 15 days only. (Including public holidays)
4. All rights reserved with Commissioner, Electronic Services Delivery, ITE&C Department, Government of Telangana
5. Customer Support: 1800-425-1110 or meeseva-app-support@telangana.gov.in

DEBIT VOUCHER

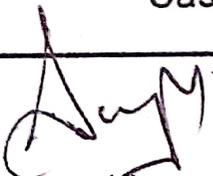
13 PPL

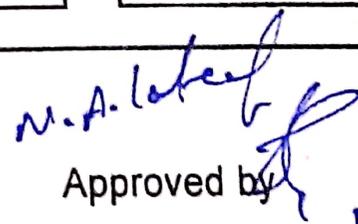
Voucher No. _____

A/c. _____

Date: 05/10/21

Paid to	Sko Medchal			Rs.	
towards	Towards Apply of Certity			510	
	copies Doc no 3274/1991				
Rupees	five hundred & Ten only.				
Paid by	Cheque No.	Dated	Drawn on Bank	510	
<u>Cash</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Prepared by 

Approved by 

Receiver's Signature



Mee Seva App



Governance in your hands - Anytime, Anywhere

ప్రభుత్వ సేవలు మీ చేతుల్లో - ఎప్పుడైనా ఎక్కడైనా

Receipt

ServiceName:	Certified Copy
Transaction Date:	2/5/2026 11:41:04 AM
Transaction ID:	MGOV10702717056381152
Department Transaction ID:	CC124MHG050226
Name of remitter:	Sanjay
District :	MEDCHAL-MALKAJGIRI
SRO Jurisdiction:	MEDCHAL (R.O)
Amount:	500
Service Charges:	10
Total Amount:	510

Note :

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DEBIT VOUCHER

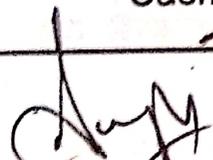
NPPL

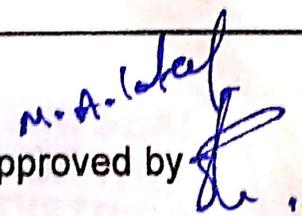
Voucher No. _____

Date: 08/2/26

A/c. _____

				Rs.	Ps.
Paid to	S/o Medahal & Butrapally				
towards	Towards Issue of Certify			1000	00
	Copies Doc no 8204/1981 &				
	S233/1981				
Rupees	One Thousand only			1	
Paid by	Cheque No.	Dated	Drawn on Bank		
<u>Cash</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1000	00

Prepared by 

Approved by 

Receiver's Signature