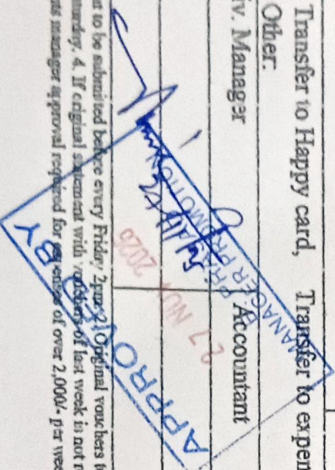


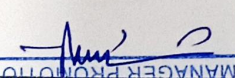
**Weekly - Petty cash /expense card statement.**

| Name                     |                        | L. Prabha                      |                             | Statement date            |               | 27/11/20            |  |
|--------------------------|------------------------|--------------------------------|-----------------------------|---------------------------|---------------|---------------------|--|
| Prepared by              |                        | Prabha                         |                             | Sign                      |               | Prabha              |  |
| From period              |                        |                                |                             | To period                 |               |                     |  |
| Sl No                    | Debit to company       | Debit to project               | Description of expense      | Amount                    | Bill enclosed | GST bill            |  |
| 1.                       | PAGESH KUNIA JAGANNATH |                                | Chennai Tower 2019 Brothers | 2000                      | Y N           | Y N                 |  |
| 2.                       |                        |                                |                             |                           | Y N           | Y N                 |  |
| 3.                       |                        |                                |                             |                           | Y N           | Y N                 |  |
| 4.                       |                        |                                |                             |                           | Y N           | Y N                 |  |
| 5.                       |                        |                                |                             |                           | Y N           | Y N                 |  |
| 6.                       |                        |                                |                             |                           | Y N           | Y N                 |  |
| 7.                       |                        |                                |                             |                           | Y N           | Y N                 |  |
| 8.                       |                        |                                |                             |                           | Y N           | Y N                 |  |
| 9.                       |                        |                                |                             |                           | Y N           | Y N                 |  |
| 10.                      | Total                  |                                |                             | 2000                      |               |                     |  |
| Amount to be credited by |                        | Transfer to Happy card, Other: |                             | Transfer to expense card, |               | Cash reimbursement, |  |
| Approved by:             |                        | Div. Manager                   |                             | Accountant                |               | Accounts Manager    |  |
| Sign:                    |                        |                                |                             |                           |               | MD                  |  |
| 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 an amount of over 2,000/- per week. MD's approval is required for expenses of over 10,000/- per week.*



# DEBIT VOUCHER

|                             |                                                                                   |                |                     |
|-----------------------------|-----------------------------------------------------------------------------------|----------------|---------------------|
| Company/Firm                | PAGESE KUNAR JAHANTILAL KADAJIA                                                   |                |                     |
| Project                     |                                                                                   |                |                     |
| Voucher No.                 |                                                                                   |                |                     |
| Account head                |                                                                                   |                |                     |
| Paid to                     | LEONING CREATIVES                                                                 |                |                     |
| Towards/description of work | Green Tower 200 NO, 16 Pages Catalogue <sup>Brochure</sup>                        |                |                     |
| Location of work            |                                                                                   |                |                     |
| Amount in Rs.               | 2000/-                                                                            |                |                     |
| Amount in words             | Two thousand only                                                                 |                |                     |
| Mode of payment             |                                                                                   |                |                     |
|                             | Cheque/trf No.                                                                    | Date 27/11/25  | Bank                |
|                             |                                                                                   |                |                     |
| Prepared by                 | Approved by                                                                       | Receivers Name | Receivers Signature |
| Yash                        |  |                |                     |

APPROVED BY  
E. PRASAD  
MANAGER PROMOTION  
27 NOV 2025



## Leomind Creatives

#2-2-647/227/3, Street No.11, Central Excise Colony,  
Lane Behind Divyanjali High School, Bagh Amberpet,  
HYDERABAD - 500 013, Telangana State, India.  
Phone: +91 40 3587 5843, Mobile: 905 905 0993  
E-mail: leomindcreatives@gmail.com

## RECEIPT

| No.     | DATE       |
|---------|------------|
| LMC-048 | 26/11/2025 |

RECEIVED from Mr. / Mrs. / M/s. RAJESH KUMAR JAYANTILAL KADAIA, 5-2-223, Golkul Distillery Road,  
Secunderabad - 50003

the sum of Rupees Two Thousand Only

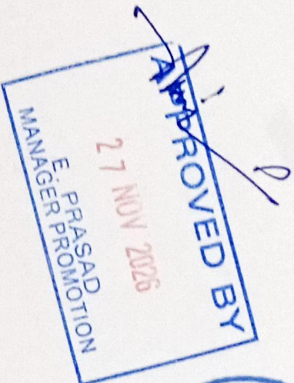
towards Green Towers 16 Pages Catalogue - Digital Offset Printing with Pinning Qty.20 only

Rs. 2,000/-

Paid by ☐ Cash

☐ Cheque / DD No.

☒ Online Transfer



Receiver's Signature