



EXPENSE SUMMARY FORMAT

FROM

NAME :
DESIGNATION :
H.Q :
DEPARTMENT :
EMPLOYEE CODE :

TO

ACCOUNTS SECTION
DISTRIBUTION & MARKETING SUPPORT DEPARTMENT
VENUS REMEDIES LIMITED

DETAIL OF BILLS FOR THE MONTH OF :- _____
PLEASE ATTACH EXPENSE BILLS ONLY

S.NO	DATE	PARTICULAR	AMOUNT	REMARKS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

THE ABOVE EXPENSE HAVE TO BE FOR THE FOLLOWING A/C HEADS

MISC (PHOTO STATE/STATIONARY/SAMPLE FREIGHT)

TOTAL NO. OF BILLS:- _____ & RS.-----

POSTAGE / INTERNET /TELEGRAM/FAX CHARGE)

HOTEL BILL / HOTEL EXPENSE FOR RECRUITMENT / PHONE BILL

NOTE (FOR MANAGER)

- 1.ALL SALES PROMOTION EXPENSE WILL CONTINUE TO BE CLAIMED SEPARATELY AS PER CIRCULATED FORMS.
- 2.NATURE OF EXPENSE HAS TO BE SPECIFIED ON THE VOUCHERS
- 3.ALL MEETING EXPENSE TO BE CLAIMED ALONG WITH MINUTES OF MEETING ON MONTHLY BASIS.

CLAIMENT

APPROVED BY (H.O)

VENUS REMEDIES LIMITED