Sarvjeet and Sons Chemical Products

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EXPENSE STATEMENT

NAME			**DESIG.**		**HQ**	
PERIOD			**MONTH**		**YEAR**	

DATE	TOWN	JOURNEY		FARE	K.M.	D.A.	MISCELLANEOUS				TOTAL
		FROM	TO				STNR	POST	TEL.	OTHER	
											0
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											0
TOTAL		--	--	0	--	0	0	0	0	0	0

Veryfied by Area Sales Manager		**G.Total**		
		Deduction by Area Sales Manager		
Checked at H.Q.		Passed for		
Passed for Payment by		Deduction at H.Q.		
Less : Advance		Previous J.C. Deduction Pass		
		NET PAYABLE		