


STATEMENT SUMMARY Aug-25 - KOTAK CC XX3766					
Sl No.	Vendor name	Invoice no.	Inv. date	Amount	Remarks
STAFF WELFARE EXP- PAINTRY					
1	Kishan Mandi	48	31-08-2025	7330	
2	Kishan Mandi	47	31-08-2025	9351	
3	Modern Bazar	773	31-08-2025	9742	
					26423.00
Employee Eng.					
1	Haldiram	L9	29-08-2025	10188.88	
2	HARISH	165975	29-08-2025	2700.00	
3	Mc donald	237	29-08-2025	7875.00	
					20763.88
Sales Promotion (F&B)					
1	Ritu FNP	68	13-08-2025	2900	
2	Ritu FNP	76	26-08-2025	1350	
					4250.00
Staff Welfare- First Aid					
					0.00
Miscellaneous Exp.					
1	Industrial Sales	GGN-672	26-08-2025	3900.00	
					3900.00

Total	55336.9
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(Site Admin - Ashish K)

Petty Expense Requisition
(Vendor payment / Corporate Credit Card / Imprest)

Name of Co.	Krisumi Corporation Pvt Ltd			
Purpose	Possession client Birthday 12:00 PM			
Budget	Admin			
Subject	Cake order for client birthday			
Date	26 th Aug'25			
Petty Expense Requisition form Serial no.	02			
S.no.	Nature of expense / Description	Vendor Name	CP / Customer / Other, Name	Amount
1	1 kg Chocolate Cake	Rita FNF	Mr. Veenesh Jain	1350
2	(Happy Birthday Msg.)		B1005	
3				
4				
5				
6				
			Total	1350/-
<p align="center">Ms. Divya Singh <i>[Signature]</i> Requester</p>		<p align="center">Dr. Reena Sharma Kher <i>[Signature]</i> 26/08/25 Department HOD</p>		

 Ritu Foods(Franchise of Fnp) Ground floor Shop No. BG-97 Conscient One Mall Sector 109 Gurgaon-122017 GSTIN/UIN: 06AGAPG6085D1ZQ State Name : Haryana, Code : 06	Invoice No.	Dated
	76	26-08-2025
	Delivery Note	Mode/Terms of Payment
	Supplier's Ref.	Other Reference(s)
	Buyer's Order No.	Dated
	Despatch Document No.	Delivery Note Date
	Despatched through	Destination
Terms of Delivery		

SINo.	Particulars	HSN/SAC	Quantity	Rate	per	Amount
1.	CUSTOMISED CAKE		1 KG	1350		1350
Total						₹ 1350.00

Amount Chargeable (in words) E. & O.E
INR ONE THOUSAND THREE HUNDRED FIFTY ONLY

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
		9%		9%		
Total			00.00		00.00	

Tax Amount (in words) : **INR ONE THOUSAND THREE HUNDRED FIFTY ONLY**

GATE IN
 NO.....1811.....
 DATE 25/9/25
 KRISUMI CORPORATION

for Ritu Foods

 Authorised Signatory

Petty Expense Requisition
(Vendor payment / Corporate Credit Card / Imprest)

Name of Co. **Krisumi Corporation Pvt Ltd**

Purpose **Customer / Channel Requirement** **11:00 am**

Budget

Subject **Channel Activation - CRM customer birthday**


Date **12-08-2025**

Petty Expense Requisition form Serial no.

S.no.	Nature of expense / Description	Vendor Name	CP / Customer / Other, Name	Amount
1	2 Planters	V & P.	—	700/-
2	1 Bouquet			1000/-
3	1kg Chocolate cake	—		1200/-
4				
5				
6				
			Total	2900/-

Requester **ishu Sharma**

Department HOD **OC**


 Ritu Foods(Franchise of Fnp) Ground floor Shop No. BG-97 Conscient One Mall Sector 109 Gurgaon-122017 GSTIN/UIN: 06AGAPG6085D1ZQ State Name : Haryana, Code : 06 Buyer M/s Retail Customer. KRISUMI CORPORATION MOB :	Invoice No. 68	Dated 13-08-2025
	Delivery Note	Mode/Terms of Payment
	Supplier's Ref.	Other Reference(s)
	Buyer's Order No.	Dated
	Despatch Document No.	Delivery Note Date
	Despatched through	Destination
	Terms of Delivery	

Sl.No.	Particulars	HSN/SAC	Quantity	Rate	per	Amount
1.	CUSTOMISED FLOWER BOUGUET		1 NOS	1000		1000
2.	TRUFFLE CREAM CAKE		1 KG	1200		1200
3.	JADE PLANT 5INCH		2 NOS	350		700
Total						₹ 2900.00

Amount Chargeable (in words) E. & O.E
INR TWO THOUSAND NINE HUNDRED ONLY

HSN/SAC	Taxable Value	Central Tax		State Tax		Total Tax Amount
		Rate	Amount	Rate	Amount	
		9%		9%		
Total			00.00		00.00	

Tax Amount (in words) : **INR TWO THOUSAND NINE HUNDRED ONLY**

GATE IN
NO. 1799
DATE 04/09/25
KRISUMI CORPORATION


for Ritu Foods

 Authorised Signatory