

Covered Eye Technologies

S.no	Date	Name	Kit	Vechicle	No of Kits	Amount				
						Amount to be Paid	Amount paid	Remaining Amount	Paid	
									Yes	No
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
TOTAL										

Covered Eye Technologies

Kits Brought Today From Vendors					Date:	
Name of the Vendor	No of Kits	Amount				
		Total amount to pay	Paid while Collecting	Today's Remaining Amount	Previous day Remaining amount	Total amount to paid
Total						

Other Expenditures: