



# Ledger Report

## DENTCARE DENTAL LAB PVT. LTD.

**From Date : 01/01/2019 To Date : 22/07/2024**  
**AHD000424 - SHILPI UTSAV BHATT**

								*Period Opening Bal.:	0.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance	
05/03/2022	IN	400	50254		SEEMA KOTHARI 22.ERKOLOC PRO (TRANSPARENT) THIN (1TO 2MM)	840.00	0.00	840.00	
07/04/2022	IN	SA2200009343	1008670		VISHNU AGARWAL 417a.ERKOLOC PRO TRANSPARENT THIN(1 TO 2MM)-11,12,21	2,520.00	0.00	3,360.00	
17/05/2022	RC		6017661	Bank Transfer		0.00	3,360.00	0.00	
20/05/2022	JE		801995			800.00	0.00	800.00	
20/05/2022	JE		801995			0.00	800.00	0.00	
20/05/2022	321		19085			0.00	40.00	-40.00	
27/08/2022	IN	SA2200213374	1213039		DHRUVA SHUKLA 417a.ERKOLOC PRO TRANSPARENT THIN(1 TO 2MM)-11	788.00	0.00	748.00	
23/09/2022	RC		6072627	Bank Transfer		0.00	748.00	0.00	
16/11/2022	IN	2211160151	7005309	Based On Sales Orders 5611.	MANJARI SHHA DENTCARE EASY BITE (TRANSPARENT) THIN (1 TO 2MM) (MOUTH GUARD)-11	788.00	0.00	788.00	
13/12/2022	RC		6108277	Bank Transfer		0.00	788.00	0.00	
21/02/2023	IN	2302302241	7017873	TWM 2 Based On Sales Orders 18981.	BEENA MEHTA DENTCARE EASY BITE (TRANSPARENT) THIN (1 TO 2MM) (MOUTH GUARD)-11	788.00	0.00	788.00	
10/03/2023	RC		6146890	Bank Transfer		0.00	788.00	0.00	
31/03/2023	IN	2303368341	7023624	Based On Sales Orders 25693.	KETA SHETH DENTCARE EASY BITE (TRANSPARENT) THIN (1 TO 2MM) (MOUTH GUARD)-11	788.00	0.00	788.00	
31/03/2023	IN	2303368351	7023627	Based On Sales Orders 25690.	RAJESHRI SHAH DENTCARE EASY BITE (TRANSPARENT) THIN (1 TO 2MM) (MOUTH GUARD)-11	788.00	0.00	1,576.00	
03/05/2023	RC		16013565	Bank Transfer		0.00	1,576.00	0.00	
13/05/2023	IN	2305486221	34011113	U1 Based On Sales Orders 11550.	RITU BHATI SOFT NIGHT GUARD 1.5 mm (MOUTH GUARD)-21	630.00	0.00	630.00	
04/07/2023	RC		16042246	Bank Transfer		0.00	630.00	0.00	
15/07/2023	IN	TI/35026666	31148117		SHERNIL PATVA SOFT NIGHT GUARD 1.5 mm (MOUTH GUARD)-11,41	1,386.00	0.00	1,386.00	
12/09/2023	RC		16075479	Bank Transfer		0.00	1,386.00	0.00	

Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
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						*Period Closing Bal.:		0.00
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