



Ledger Report

DENTCARE DENTAL LAB PVT. LTD.

From Date : 01/01/2019 To Date : 24/05/2024
BLR005873 - VIBHA DENTAL CARE

								*Period Opening Bal.:	0.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance	
05/01/2023	IN	SA2200386059	1386530		KARUN 422 DENTCARE CLEAR RETAINER-11	578.00	0.00	578.00	
03/02/2023	RC		6131247	Bank Transfer		0.00	578.00	0.00	
13/02/2023	IN	2302286751	7016573	U1 Based On Sales Orders 17541.	OMESH DENTCARE CLEAR RETAINER (RETAINER)-11	578.00	0.00	578.00	
13/02/2023	IN	2302286761	7016562	U1 Based On Sales Orders 17530.	PREMALATH DENTCARE CLEAR RETAINER (RETAINER)-11	578.00	0.00	1,156.00	
01/03/2023	JE		1458557			1,156.00	0.00	2,312.00	
01/03/2023	RC		6142483	Bank Transfer		0.00	1,156.00	1,156.00	
01/03/2023	RC		6142447	Bank Transfer		0.00	1,156.00	0.00	
07/06/2023	IN	TI/35006265	31087638		ONI HAWLEY APPLIANCE (RETAINER)-11	656.00	0.00	656.00	
16/06/2023	RC		16034855	Bank Transfer		0.00	656.00	0.00	
01/07/2023	IN	TI/35014489	31126267		NEERAVI EXPANSION SCREW (MISCELLANEOUS)-11 , SPRING (MISCELLANEOUS)-11 , TWIN BLOCK REVERSE (FUNCTIONAL APPLIANCE)-11	2,200.00	0.00	2,200.00	
16/08/2023	RC		16063257	Bank Transfer		0.00	2,200.00	0.00	
04/09/2023	IN	TI/35099292	31224117		DEEPTI DENTCARE CLEAR RETAINER (1.5-2.0 MM) (RETAINER)-21,31	1,271.00	0.00	1,271.00	
04/09/2023	IN	TI/35098783	31223609		RUTVIK DENTCARE CLEAR RETAINER (1.5-2.0 MM) (RETAINER)-11	635.00	0.00	1,906.00	
04/09/2023	IN	TI/35098556	31223382		HAMSA DENTCARE CLEAR RETAINER (1.5-2.0 MM) (RETAINER)-21,31	1,271.00	0.00	3,177.00	
21/09/2023	RC		16079982	Bank Transfer		0.00	1,271.00	1,906.00	
05/10/2023	RC		16087545	Bank Transfer		0.00	1,906.00	0.00	
25/10/2023	IN	TI/35172974	31297876		RUTHVIK HAWLEYS APPLIANCE-12 , SPRING (MISCELLANEOUS)-12	870.00	0.00	870.00	
03/11/2023	IN	TI/35185589	31310494		SHOBHA DENTCARE CLEAR RETAINER (1.5-2.0 MM) (RETAINER)-11,41	1,271.00	0.00	2,141.00	
09/11/2023	RC		16103256	sunithalingaraju08@okicici-331352798340 Bank Transfer		0.00	2,141.00	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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