



# Ledger Report

## DENTCARE DENTAL LAB PVT. LTD.

**From Date : 01/04/2024 To Date : 31/07/2024**  
**BPR000035 - SACHIN DEVAGIRIKAR**

							*Period Opening Bal.:	0.00
Trans. Date	DocType	Trans. No	DocNo	Remarks	Patient Name / WorkType	Debit	Credit	Balance
15/04/2024	IN	TIBAN/46200748	42200745		SOMASHEKAR SHARAV DENTCARE ZIRCONIA SOLID PLUS MONOLITHIC CROWN/BRIDGE UPTO 3 UNITS-15	2,096.00	0.00	2,096.00
22/04/2024	RC		26009155	Bank Transfer		0.00	2,096.00	0.00
22/04/2024	JE	182397	2749946			2,096.00	0.00	2,096.00
22/04/2024	JE	182397	2749946			0.00	2,096.00	0.00
30/04/2024	IN	TIBAN/46201703	42201696		PRAKASH CHAVAN DENTCARE ZIRCONIA SOLID PLUS MONOLITHIC CROWN/BRIDGE UPTO 3 UNITS-36	2,096.00	0.00	2,096.00
09/05/2024	RC		26018260	Bank Transfer		0.00	2,096.00	0.00
09/05/2024	JE	186137	2796105			2,096.00	0.00	2,096.00
09/05/2024	JE	186137	2796105			0.00	2,096.00	0.00
01/06/2024	IN	TIBAN/46203682	42204461		DR SACHIN P DEVAGIRIKAR DENTCARE ZIRCONIA SOLID PLUS MONOLITHIC CROWN/BRIDGE UPTO 3 UNITS-35	2,096.00	0.00	2,096.00
11/06/2024	RT	42204461	142200100	CC-732/TIBAN/46203682/RS.2096/APPROV AL SALLY SAJU/FITTING ISSUE		0.00	2,096.00	0.00
09/07/2024	IN	TIBAN/46206127	42207095		SANTOSH V JAMA GONDI DENTCARE ZIRCONIA SOLID PLUS MONOLITHIC CROWN/BRIDGE UPTO 3 UNITS-26	2,096.00	0.00	2,096.00
10/07/2024	IN	TIBAN/46206234	42207202		KASTURI SURPUR DENTCARE ZIRCONIA SOLID PLUS MONOLITHIC CROWN/BRIDGE UPTO 3 UNITS-25	2,096.00	0.00	4,192.00
11/07/2024	IN	TIBAN/46206290	42207258		SIDDANA GOUDA BIRADAR DENTCARE ZIRCONIA SOLID PLUS MONOLITHIC CROWN/BRIDGE UPTO 3 UNITS-47	2,096.00	0.00	6,288.00
12/07/2024	IN	TIBAN/46206396	42207363		POORNIMA HANAGI DENTCARE ZIRCONIA SOLID PLUS MONOLITHIC CROWN/BRIDGE UPTO 3 UNITS-36	2,096.00	0.00	8,384.00
24/07/2024	IN	TIBAN/46207314	42208859		SUDHIR RATHOD DENTCARE ZIRCONIA SOLID PLUS MONOLITHIC CROWN/BRIDGE-37	2,096.00	0.00	10,480.00
31/07/2024	RC		26058165	Bank Transfer		0.00	10,480.00	0.00
31/07/2024	JE	203793	3016216			10,480.00	0.00	10,480.00
31/07/2024	JE	203793	3016216			0.00	10,480.00	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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