



Advanced Accounting Services

Dubai, United Arab Emirates

Name of the Client:					
Location:			DATE:		
Nature og Business:			Industry :		
Date of Establishment			Partner's name		
Nationality			Contact person		
Telephone No.:			Fax No.		
Mobile No.:			Email ID.		
Software used (if any):					
	Record Details	Monthly			Monthly
Sl No.	Narration	Quantity			Quantity
A	General Accounts		C	Location & Branchas	
1	Cash Sales Invoices		17	Number of Shops / outlet	
2	Credit Sales Invoices		18	Number of Employees	
3	Cash Receipts		19	Number of sites/jobs (work in progress)	
4	Cheque Receipts		20	Number of Warehouses	
5	Purchase vouchers		21	Number of Bank a/c	
6	Cheque Payments		22		
7	Cash Payments		23		
8	Total number of transactions in all bank a/c		24		
B	Inventory		D	Present Staus of Accounts	
9	Inventory management is required (Y/N)		25	Data entry done upto what date	
10	Number of inventory items		26	Reconciliation done upto what date	
11	LPO's		27	Details of the Bank Facilities	
12	DO's		F	Backlog Work	
13	Goods Received vouchers		28	Number of box files (TOTAL)	
14	Goods Issued voucher		29	Bank Statements - in pages (all banks)	
15	Stock Transfer voucher		30		
16	Number of Warehouses		31		
REMARKS					
PREPARED BY		CHECKED BY		APPROVED BY : (CLIENT)	
Signature		Signature		Signature	
Date		Date		Date	