

Weekly - Petty cash /expense card statement.

|                    |               |                                                                                                                                                                                                                                         |                                                                      |        |                                                       |                                                       |
|--------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------|-------------------------------------------------------|-------------------------------------------------------|
| Name               | SOWa          | Statement date                                                                                                                                                                                                                          | 20-03-25                                                             |        |                                                       |                                                       |
| Prepared by        | K.Tulasi Rani | Sign                                                                                                                                                                                                                                    |                                                                      |        |                                                       |                                                       |
| From period        | 16-03-25      | To period                                                                                                                                                                                                                               | 19-03-25                                                             |        |                                                       |                                                       |
| 1                  | SOWA          | SOV                                                                                                                                                                                                                                     | Towards short circuit near transformer area at generator villa no.60 | 1500/- | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2                  | SOWA          | SOV                                                                                                                                                                                                                                     | Towards Petrol charges for gardeb cutting                            | 200/-  | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3                  | SOWA          | SOV                                                                                                                                                                                                                                     | Towards Patrolling charges for month of April25                      | 2000/- | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4                  |               |                                                                                                                                                                                                                                         |                                                                      |        | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5                  |               |                                                                                                                                                                                                                                         |                                                                      |        |                                                       |                                                       |
|                    |               |                                                                                                                                                                                                                                         |                                                                      |        |                                                       |                                                       |
|                    |               |                                                                                                                                                                                                                                         | Total amount                                                         | 3700/- |                                                       |                                                       |
| Amount credited by | to be         | <input type="checkbox"/> Transfer to Haapay card, <input type="checkbox"/> Transfer to expense card, <input type="checkbox"/> Cash reimbursement, <input type="checkbox"/> Transfer to personal a/c.<br><input type="checkbox"/> Other: |                                                                      |        |                                                       |                                                       |
| Approved by:       | Div. Manager  | Accountant                                                                                                                                                                                                                              | Accounts Manager                                                     | MD     |                                                       |                                                       |
| Sign:              |               |                                                                                                                                                                                                                                         |                                                                      |        |                                                       |                                                       |
| Date:              |               |                                                                                                                                                                                                                                         |                                                                      |        |                                                       |                                                       |

per week



Weekly - Petty cash /expense card statement.

|                          |               |                                                                                                                                                                                                                                         |                                                                                                    |        |                                                       |                                                       |
|--------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------|-------------------------------------------------------|
| Name                     | MHPL SOV      | Statement date                                                                                                                                                                                                                          | 20-03-25                                                                                           |        |                                                       |                                                       |
| Prepared by              | K.Tulasi Rani | Sign                                                                                                                                                                                                                                    |                                                                                                    |        |                                                       |                                                       |
| From period              | 16-03-25      | To period                                                                                                                                                                                                                               | 19-03-25                                                                                           |        |                                                       |                                                       |
| 1                        | MHPL          | SOV                                                                                                                                                                                                                                     | Towards purchase the Clamps & And switch boxes for Septic tank nera sand filter connection purpose | 1781/- | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2                        |               |                                                                                                                                                                                                                                         |                                                                                                    |        | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3                        |               |                                                                                                                                                                                                                                         |                                                                                                    |        | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4                        |               |                                                                                                                                                                                                                                         |                                                                                                    |        |                                                       |                                                       |
| 5                        |               |                                                                                                                                                                                                                                         |                                                                                                    |        |                                                       |                                                       |
|                          |               |                                                                                                                                                                                                                                         | Total amount                                                                                       | 1781/- |                                                       |                                                       |
| Amount to be credited by |               | <input type="checkbox"/> Transfer to Haapay card, <input type="checkbox"/> Transfer to expense card, <input type="checkbox"/> Cash reimbursement, <input type="checkbox"/> Transfer to personal a/c.<br><input type="checkbox"/> Other: |                                                                                                    |        |                                                       |                                                       |
| Approved by:             | Div. Manager  | Accountant                                                                                                                                                                                                                              | Accounts Manager                                                                                   | MD     |                                                       |                                                       |
| Sign:                    |               |                                                                                                                                                                                                                                         |                                                                                                    |        |                                                       |                                                       |
| Date:                    |               |                                                                                                                                                                                                                                         |                                                                                                    |        |                                                       |                                                       |

APPROVED BY

20 MAR 2025

K. PURSHOTHAM

Project Manager (Silver Oak Villas Part-III)

per week

# BALAJI HARDWARE, ELECTRICAL & SANITARY

Ph : 9100685051

Plot No. 61, H.No. 1-1-179/5, Officers' Colony, Cherlapally, Hyderabad-500 051 (T.S.)

## TAX INVOICE

GST : 36CJPPP0873A1Z4

To

M/s. modi- Housing Pvt-Ltd

S-4-187/3d.4 IIrd Flr

M.G. Road Hyd

Invoice No : **130**

Date : \_\_\_\_\_

Order No. : \_\_\_\_\_ Date : 18/3/25

Challan No. : \_\_\_\_\_ Date : \_\_\_\_\_

Mode of Transport : \_\_\_\_\_

Vehicle No. : \_\_\_\_\_

Party's GSTIN : 36AADCM5906D2Z0

State : \_\_\_\_\_ Code : \_\_\_\_\_

State : Telangana Code : 36

| Sl. No. | Description        | HSN/ SAC | Qty.        | Unit | Rate       | Amount<br>Rs. Ps. |
|---------|--------------------|----------|-------------|------|------------|-------------------|
|         | <u>3/4" clamp</u>  |          | <u>4-pk</u> |      | <u>345</u> | <u>1380 -</u>     |
|         | <u>6mm S. Box.</u> |          | <u>2</u>    |      | <u>65</u>  | <u>130 -</u>      |

Amount in words : \_\_\_\_\_

SUB TOTAL

1510 -

CGST @ 9 %

135 - 90

SGST @ 9 %

135 - 90

IGST @ \_\_\_\_\_ %

GRAND TOTAL

1781 -

00

### Bank Details :

Bank Name : Bank of India

Account No : 571120110000567

IFSC Code : BKID0005711

Branch : Cherlapally

For Balaji Hardware, Electrical  
& Sanitary

Authorized Signature

Declaration : We declare that this invoice shows the actual price of the goods described and that all particulars are true and correct.

| DEBIT VOUCHER               |                                                                                                    |                |                     |
|-----------------------------|----------------------------------------------------------------------------------------------------|----------------|---------------------|
| Company/Firm                | MHPL SOV                                                                                           |                |                     |
| Project                     | SOV- III                                                                                           |                |                     |
| Voucher no.                 |                                                                                                    |                |                     |
| Account head                | P.Ramesh                                                                                           |                |                     |
| Paid to                     | K.Purshotham                                                                                       |                |                     |
| Towards/description of work | Towards purchase the Clamps & And switch boxes for Septic tank near sand filter connection purpose |                |                     |
| Location of work            | SOV                                                                                                |                |                     |
| Period                      | From:                                                                                              | 13-03-25       | To: 19-03-25        |
| Amount in Rs.               | 1781/-                                                                                             |                |                     |
| Amount in words             | One Thousand Seven Hundred and Eighty One Rupees only                                              |                |                     |
| Mode of payment             | Cheque/trf no.                                                                                     | Date           | Bank                |
|                             |                                                                                                    |                |                     |
| Prepared by                 | Approved by                                                                                        | Receivers name | Receivers signature |
|                             |                                                                                                    |                |                     |

Notes: 1. Print full sheet. 2. To be used for all minor maintenance works. 3. Details of labour, hire charges, material may be printed/written overleaf. 4. Project may differ from location of work.

| DEBIT VOUCHER               |                                                                      |                |                     |
|-----------------------------|----------------------------------------------------------------------|----------------|---------------------|
| Company/Firm                | SOWA                                                                 |                |                     |
| Project                     | SOV-I                                                                |                |                     |
| Voucher no.                 |                                                                      |                |                     |
| Account head                | P.Ramesh                                                             |                |                     |
| Paid to                     | K.purshotham                                                         |                |                     |
| Towards/description of work | Towards short circuit near transformer area at generator villa no.60 |                |                     |
| Location of work            | SOWA                                                                 |                |                     |
| Period                      | From:                                                                | 13-03-25       | To: 19-03-25        |
| Amount in Rs.               | 1500/-                                                               |                |                     |
| Amount in words             | Fifteen Hundred Rupees Only                                          |                |                     |
| Mode of payment             | Cheque/trf no.                                                       | Date           | Bank                |
|                             |                                                                      |                |                     |
| Prepared by                 | Approved by                                                          | Receivers name | Receivers signature |
|                             |                                                                      |                |                     |

Notes: 1. Print full sheet. 2. To be used for all minor maintenance works. 3. Details of labour, hire charges, material may be printed/written overleaf. 4. Project may differ from location of work.

| DEBIT VOUCHER               |                                           |                |                     |
|-----------------------------|-------------------------------------------|----------------|---------------------|
| Company/Firm                | SOWA                                      |                |                     |
| Project                     | SOV-I to III                              |                |                     |
| Voucher no.                 |                                           |                |                     |
| Account head                | P.Ramesh                                  |                |                     |
| Paid to                     | K.purshotham                              |                |                     |
| Towards/description of work | Towards Petrol charges for garden cutting |                |                     |
| Location of work            | SOV                                       |                |                     |
| Period                      | From:                                     | 13-03-25       | To: 19-03-25        |
| Amount in Rs.               | 200/-                                     |                |                     |
| Amount in words             | Two Hundred Rupees only.                  |                |                     |
| Mode of payment             | Cheque/trf no.                            | Date           | Bank                |
|                             |                                           |                |                     |
| Prepared by                 | Approved by                               | Receivers name | Receivers signature |
|                             |                                           |                |                     |

Notes: 1. Print full sheet. 2. To be used for all minor maintenance works. 3. Details of labour, hire charges, material may be printed/written overleaf. 4. Project may differ from location of work.

| DEBIT VOUCHER               |                                                 |                |                     |
|-----------------------------|-------------------------------------------------|----------------|---------------------|
| Company/Firm                | SOWA                                            |                |                     |
| Project                     | SOV- I                                          |                |                     |
| Voucher no.                 |                                                 |                |                     |
| Account head                | P.Ramesh                                        |                |                     |
| Paid to                     | K.Purshotham                                    |                |                     |
| Towards/description of work | Towards Patrolling charges for month of April25 |                |                     |
| Location of work            | SOV                                             |                |                     |
| Period                      | From:                                           | 13-03-25       | To: 19-03-25        |
| Amount in Rs.               | 2000/-                                          |                |                     |
| Amount in words             | Two Thousand Rupees only                        |                |                     |
| Mode of payment             | Cheque/trf no.                                  | Date           | Bank                |
|                             |                                                 |                |                     |
| Prepared by                 | Approved by                                     | Receivers name | Receivers signature |
|                             |                                                 |                |                     |

Notes:1. Print full sheet. 2. To be used for all minor maintenance works. 3. Details of labour, hire charges , material may be printed/written overleaf. 4. Project may differ from location ofwork.

