Weekly - Petty cash /expense card statement.

Name K S		K Suneel Kumar				St	atement date	09-05-2025 Card No.4629 5254 2716 5724								
Prepared by K		K Suneel Kumar					gn	SI	SI							
From period 02-05			5-2025				period	08-05-2025								
Sl No	•			pany Debit to project D			Description of expense					Amount		Bill (enclosed		Γ bill
1.	AMTZ			AMTZ To		Toner r	efilling		1			□У□		$\Box Y$	□N	
2.											□У□	N	ПΥ	□N		
3.												□У□	N	$\Box Y$	$\square N$	
4.				184			No solit	Milleye in _e in Fig.				□У□	N	ПΥ	$\square N$	
5.													□У□	N	□Y	\Box N
6.													□У□	N	$\Box Y$	□N
7.													□У□	N	$\Box Y$	□N
8.						- 1							□У□	N	$\Box Y$	□N
9.												7	□Y □	N	$\Box Y$	\Box N
10.								8					□У□	N	$\Box Y$	\Box N
11. Total						**************************************	1 4, =				50					
Amount credited		be	T	ransfer to e	xpense card,	l, □ Ca	sh reimbursen	nent, 🗆 T	ransfer to perso	onal a/c. □	Other:				'a '4a 'ya 1	
Approved by:			Div. Manager			Acco	ountant		Accounts Manager			MD				
Sign:			9	Sel												
Date:	Date:			1 2 3		-										

Notes: 1. Scanned copy of this statement to be submitted before every Friday 2pm. 2. Original vouchers to be attached to this statement and send to respective accountant by Monday. 3. Accountants to make payment on receipted of scanned statement on Saturday. 4. If original statement with vouchers of last week is not received withhold further payment and salary. 5. Employee must maintain photocopy of all bills/vouchers for 3 months. 6. Division manager and accounts manager approval required for expenses of over 2,000/- per week. MDs approval is required for expenses of over 10,000/- per week

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Flat No. 503, G2 Block, Indu Aranaya Pallavi Apts., Bandlaguda, Nagole, Hyderabad – 500 068, Telangana State. Tel: +91-9246215868

Invoice No.: 2966				Bl	LL O	F SUPPL	Y		2010	See See		or all to say	Left Charles
Invoice Date : 08/05/2025	Transp	Transport Mode:											
Reverse Charge (Y/N):	Vehicle	Vehicle Number :											
State: TELANGANA Code						Date o	f Suppl	y:		1817		38/19/3	
	o Party	Code					1			Marie			
Address: M/S. AMTZ MEDIPOL	Ship to Party												
5-4-187/3&4,2ND FLOOR, SOH	AM MANSI	, ON, N	ЛG	RD,S	ECBAD.								
State: TELANGANA						State :							
Product Description			UO	Qty	Rate	Amount							Cod
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HP12A LASER TONER DRUM			+	01	325.00								22:
			+	01	323.00	325.00							32
			-										
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Bank Details													550.00
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k Name : INDIAN BANk				0	0		Cer	tified that	the p	or VIVI	D WO	are true	550.00
				51	0		Cer	tified that	the p	or VIVI	eVenabo D WOR	are true	550.00
k Name : INDIAN BANk nch : Narayanguda Branch				Simons	0		Cer	tified that	the p	or VIVI	Wenalis D Wor	are true	550.00