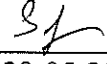
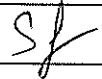


Weekly - Petty cash /expense card statement.

|             |                |  |                |                                                                                     |  |  |
|-------------|----------------|--|----------------|-------------------------------------------------------------------------------------|--|--|
| Name        | K Suneel Kumar |  | Statement date | 30-05-2025 Card No.4629 5254 2716 5724                                              |  |  |
| Prepared by | K Suneel Kumar |  | Sign           |  |  |  |
| From period | 23-05-2025     |  | To period      | 29-05-2025                                                                          |  |  |

| Sl No | Debit to company | Debit to project | Description of expense    | Amount | Bill enclosed                                         | GST bill                                              |
|-------|------------------|------------------|---------------------------|--------|-------------------------------------------------------|-------------------------------------------------------|
| 1.    | GHT              | GHT              | Printer repairing charges | 1350   | <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.    |                  |                  |                           |        | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5.    |                  |                  |                           |        | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 6.    |                  |                  |                           |        | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 7.    |                  |                  |                           |        | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 8.    |                  |                  |                           |        | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 9.    |                  |                  |                           |        | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 10.   |                  |                  |                           |        | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> Y <input type="checkbox"/> N |
| 11.   | Total            |                  |                           | 1350   |                                                       |                                                       |

|                          |                                                                                                                                                                                    |            |                  |    |  |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------|----|--|
| Amount to be credited by | <input type="checkbox"/> Transfer to expense card, <input type="checkbox"/> Cash reimbursement, <input type="checkbox"/> Transfer to personal a/c. <input type="checkbox"/> Other: |            |                  |    |  |
| Approved by:             | Div. Manager                                                                                                                                                                       | Accountant | Accounts Manager | MD |  |
| Sign:                    |                                                                                                 |            |                  |    |  |
| Date:                    |                                                                                                                                                                                    |            |                  |    |  |

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 receipt 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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## SERVICE INVOICE

Date 27/5/25

M/s. Modio Realty Kowkoo LLP

| Sl. No. | PARTICULARS                             | QTY. | UNIT PRICE | AMOUNT  |
|---------|-----------------------------------------|------|------------|---------|
| 1.      | EPSON M205 Printer<br>repairing charges | 1    |            | 1350-00 |
|         |                                         |      | TOTAL      | 1350-00 |

## For VRAM Technologies

satya