Weekly - Petty cash /expense card statement.

Name		K Sune	el Kumar		Statement date	08-08-2025 Card No.4629 5254 2716 5724						
Prepared by		K Suneel Kumar			Sign	31					. ,,,,,,,,,	
From period		01-08-2	2025		To period	07-08-2025		mer.	***************************************		· · · · · · · · · · · · · · · · · · ·	
Sl No	Debit to company		Debit to project	Des	cription of expe	nse	Amo	unt	Bill		GS	T bill
1.	SOVIII		SOVIII	Prin	ter repairing charg		1200		losed □N	ΩY	□N	
2.						***************************************			ΠY	□N	□Y	□N
3.		<u></u>							ΠY	ΠN	ΠY	□N
4.									ПΥ	□N	ΠY	ΠN
5.									ПΥ	□N	ΠY	□N
6.									□Y	□N	ПΥ	□N
7.	***************************************							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□Y	□N	ΟY	□N
8.		77000 4							□Y	□N	ΠY	□N
9.					TANGOLA III AND				ΠY	□N	ΠY	□N
	- T								ΠY	□N	ΠY	□N
	Total						1200		*****			
Amount credited	by	be □	Transfer to expense of	card, 🗆 (Cash reimbursem	ent, ☐ Transfer to personal a/o	c. ☐ Other	•		va T Made		***************************************
Approve	ed by:	D	Div. Manager		countant	Accounts Manager	Accounts Manager MD					
Sign:			SP							******		
Date:			0	- 1		tached to this statement and and to see it						

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

Cell: 09291583343



Shop No. 417, 'C' Block, Chenoy Trade Centre, Secunderabad

SERVICE INVOICE

No.

SERVICE INVOICE

Date 4/8/25

1- Epson charge	Printer repairing			1200-08
		7 7 1		
			6	
	*			

Goods once sold will not be taken back