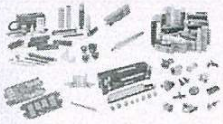


**Weekly - Petty cash /expense card statement.**

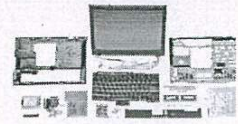
|                          |                  |                                                                                                                                                                                    |                        |                  |                                                       |                                                       |  |
|--------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------|-------------------------------------------------------|-------------------------------------------------------|--|
| Name                     |                  | K Suneel Kumar                                                                                                                                                                     |                        | Statement date   |                                                       | 14-11-2025 Card No.4629 5254 2716 5724                |  |
| Prepared by              |                  | K Suneel Kumar                                                                                                                                                                     |                        | Sign             |                                                       |                                                       |  |
| From period              |                  | 07-11-2025                                                                                                                                                                         |                        | To period        |                                                       | 13-11-2025                                            |  |
| Sl No                    | Debit to company | Debit to project                                                                                                                                                                   | Description of expense | Amount           | Bill enclosed                                         | GST bill                                              |  |
| 1.                       | MHTR             | MHTR                                                                                                                                                                               | Toner refilling        | 875              | <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            |                                                                                                                                                                                    |                        | 875              |                                                       |                                                       |  |
| 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



# V-IT CONSUMABLES AND SPARES

(A ONE STOP SOLUTION)



## INVOICE/ CASH BILL

|                |                                 |                           |                     |
|----------------|---------------------------------|---------------------------|---------------------|
| Sellers Name : | M/S.V-IT CONSUMBALES AND SPARES | Date                      | 13/11/25            |
|                | CHAPPAL BAZAR , KACHIGUDA.      | INVOICE NO                | 1839                |
| Telephone No : | 9246215868                      | UDYAM REGISTRATION NUMBER | UDYAM-TS-02-0006461 |
| Buyer's Name : | M/S. MODI HOUSING - TRADING ,   |                           |                     |
| Address :      | SOHAM MANSION , MG ROAD, SECBAD |                           |                     |
|                |                                 |                           |                     |

## Terms of Sale

| S.No. | DESCRIPTION OF GOODS                                                                                              | Qty | Rate   | Value (Rs.) |
|-------|-------------------------------------------------------------------------------------------------------------------|-----|--------|-------------|
| 1)    | REFILLING OF TONER 12A                                                                                            | 02  | 225.00 | 450.00      |
| 2)    | LASER TONER DRUM 12A                                                                                              | 01  | 325.00 | 325.00      |
| 3)    | EPSON M205 PRINTER PICKUP ASSY REPLACE/CARRAGE CABLES<br>REPLACE/ HEAD REPAIR AND SERVICE (ASSET ID:FA0000009442) |     |        |             |
| 4)    | LASER TONER BLADE 12A                                                                                             | 01  | 100.00 | 100.00      |
| 5)    | LASER TONER PCR                                                                                                   |     |        |             |
| 6)    | LASER TONER MAGNET                                                                                                |     |        |             |
| 7)    | BROTHER 2365 PRINTER DRUM UNIT - NEW                                                                              |     |        |             |
| 8)    | HP Q2612A LASER TONER CARTRIDGE NEW- COMPATIBLE                                                                   |     |        |             |
| 9)    | HP 12A TONER DRUM CAP REPLACEMENT                                                                                 |     |        |             |
|       | <b>TOTAL</b>                                                                                                      |     |        | 875.00      |

FOR M/S.VIT CONSUMABLES AND SPARES

AUTHORISED SIGNATORY

D.NO:3-3-66/303 SAI SHIKARA HEIGHTS, CHAPPAL BAZAR, KACHIGUDA, HYDERABAD-500027 - CALL@9246215868

SJ

|                                 |                          |
|---------------------------------|--------------------------|
| <b>INWARD</b>                   |                          |
| Inward No: 328                  | Dt: 13/11/25             |
| MRN No:                         | Dt:                      |
| Received By: <i>[Signature]</i> | Sign: <i>[Signature]</i> |
| MODI PROPERTIES                 |                          |