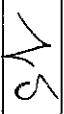


Weekly - Petty cash /expense card statement.

|             |                |  |                |                                                                                    |  |
|-------------|----------------|--|----------------|------------------------------------------------------------------------------------|--|
| Name        | K Suneel Kumar |  | Statement date | 21-11-2025 Card No.4629 5254 2716 5724                                             |  |
| Prepared by | K Suneel Kumar |  | Sign           |  |  |
| From period | 14-11-2025     |  | To period      | 20-11-2025                                                                         |  |

| Sl No | Debit to company | Debit to project | Description of expense   | Amount | Bill enclosed                                         | GST bill                                              |
|-------|------------------|------------------|--------------------------|--------|-------------------------------------------------------|-------------------------------------------------------|
| 1.    | GMR              | GMR              | Laptop repairing charges | 2300   | <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            |                  |                          | 2300   |                                                       |                                                       |

Amount to be credited by ☐ Transfer to expense card, ☐ Cash reimbursement, ☐ Transfer to personal a/c. ☐ 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

## INVOICE



SILICON COMPUTERS

#2, Block 19, Baglingampally,  
Hyderabad - 44. Mobile: 901 082 0929

Date:

18/11/25

No.:

651

M/s.

modi realty mallapur

| Sl.No. | Description                   | Qty. | Rate | Total ₹ |
|--------|-------------------------------|------|------|---------|
| 1.     | Dell laptop repairing charges | 1    |      | 2300.00 |
| TOTAL  |                               |      |      | 2300.00 |

Rupees in words: \_\_\_\_\_

for  SILICON COMPUTERS