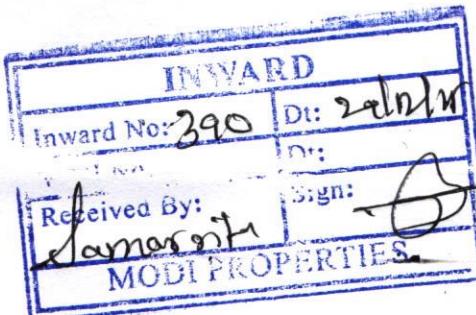


Name		K Suneel Kumar		Statement date	02-01-2026 Card No.4629 5254 2716 5724			
Prepared by		K Suneel Kumar		Sign	<i>SV</i>			
From period		27-12-2025		To period	01-01-2026			
SI No	Debit to company	Debit to project	Description of expense			Amount	Bill enclosed	GST bill
1.	MHTR	MHTR	Labels purchased			3776	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2.	MHTR	MHTR	Printer repairing			2200	<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					5976	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
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:	<i>SV</i>							
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 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

Tax Invoice							
Ace Business Solutions #NRSC Colony, Hydernagar, Hyderabad-500 082 GSTIN: 36ANLPK6297R1ZU State : Telangana. Ph:-8555004783	Invoice No. 29/25-26	Dated 29-12-2025					
	Delivery Note	Mode/Terms of Payment					
	Reference No. & Date:	Other References					
Buyer (Bill to) Modi Housing Trading 5-4-187/3&4, 2nd Floor Soham Mansion MG Road, Secunderabad- 500 003 GSTIN: 36AADCM5906D2ZO	Buyer's Order No.	Dated					
	Dispatch Doc No.	Delivery Note Date					
	Dispatched through	Destination					
Sl No.	Description of goods	HSN/SAC	Qty	Rate	per	Amount	
1	Plain Label - Tamper Proof (synthetic) 5000 Nos	39199010	1	3000.00	18%	3,000.00	
2	Barcode ribbon - wax resin	96121090	1	200.00	18%	200.00	
		CGST				288.00	
		SGST				288.00	
	Rounded off					0.00	
						3,776.00	
Amount (in words) Three Thousand Seven Hundred Seventy Six Only						E. & O.E	
Taxable Value			Central Tax		State Tax		Total Tax Amount
			Rate	Amt	Rate	Amt	
Total	3,200.00	9%	288.00	9%	288.00	576.00	
			Company's Bank Details: Bank Name: State Bank of India IFSC CODE : SBIN0011665 Branch: Hydernagar				
			For Ace Business Solutions  Authorized Signatory				
Receiver Signature							

INVOICE

SC

SILICON COMPUTERS

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

Date: 27/12/25
No.: 671

M/s.

Modi housing tracing

Sl.No.	Description	Qty.	Rate	Total ₹
1.	Epson Printer repairing Charges	1		2200 00
TOTAL				2200 00

Rupees in words:

for SILICON COMPUTERS
[Signature]