

Weekly - Petty cash /expense card statement.

Name	K Suneel Kumar		Statement date	02-01-2026 Card No.4629 5254 2716 5724		
Prepared by	K Suneel Kumar		Sign			
From period	27-12-2025		To period	01-01-2026		

Sl No	Debit to company	Debit to project	Description of expense	Amount	Bill enclosed	GST bill
1.	GVRC	GVRC	Battery purchased	3000	<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			3000		

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

## Tax Invoice

## Ace Business Solutions

#NRSC Colony, Hyderabad,  
Hyderabad-500 082 GSTIN:  
36ANLPK6297R1ZU

State : Telangana.

Ph:-8555004783

Buyer (Bill to)
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G V Research Center Pvt Ltd  
5-4-187/3&4, 2nd Floor Soham  
Mansion MG Road, Secunderabad-  
500 003 GSTIN:  
36AAHCG4562D1ZP

Invoice No.

30/25-26

Dated

30-12-2025

### Delivery Note

Mode/Terms of Payment

Reference No. &amp; Date:

### Other References

Buyer's Order No.

Dated

Dispatch Doc No.

Delivery Note Date	
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Dispatched through

Destination
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SI No.	Description of goods	HSN/SAC	Qty	Rate	per	Amount
1	Acer Internal Battery  INWARD Inward No: 391 Dt: 24/12/24 MRN No: Dt: Received By: [Signature] MODI PROPERTIES  CGST SGST	85078000	1	2542.37	18%	2,542.37
	Rounded off					0.00
	amount (in words) Three Thousand Only					3,000.00

Amount (in words) Three Thousand Only

E. & O.E

Taxable Value		Central Tax		State Tax		Total Tax Amt
		Rate	Amt	Rate	Amt	
	2,542.37	9%	228.81	9%	228.81	457.63

#### Company's Bank Details:

Bank Name: State Bank of India

IFSC CODE : SBIN0011665

Branch: Hydernagar

For Free Business Solutions

Receiver Signature

Authorised Signatory