

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.	SOV	SOV	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	<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

Tax Invoice						
Ace Business Solutions #NRSC Colony, Hydernagar, Hyderabad-500 082 GSTIN: 36ANLPK6297R1ZU State : Telangana. Ph:-8555004783	Invoice No.	31/25-26	Dated	30-12-2025		
	Delivery Note	Mode/Terms of Payment				
	Reference No. & Date:	Other References				
Buyer (Bill to) Modi Housing Pvt Ltd SOV 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	Acer Internal Battery	85078000	1	2542.37	18%	2,542.37
		CGST				228.81
		SGST				228.81
	Rounded off					0.00
						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	457.63
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				
Receiver Signature		For Ace Business Solutions  Authorised Signatory				