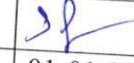


Weekly - Petty cash /expense card statement.							
Name	K Suneel Kumar		Statement date	02-01-2026 Card No.4629 5254 2716 5724			
Prepared by	K Suneel Kumar		Sign				
From period	27-12-2025		To period	01-01-2026			
SI No	Debit to company	Debit to project	Description of expense		Amount	Bill enclosed	GST bill
1.	MCS	MCS	MCS domain and hoisting charges		7207	<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				7207	<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:							
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

BigRock - TAX INVOICE

Dec 30, 2025

Invoice ID: 12969544

To SOHAM MODI

N/A,5 4 187 3 4
Soham mansion II
Floor,
Yamaha Show room
Building
Secunderabad-50000
3
Telangana, India

Place of Supply: Telangana

From ENDURANCE
INTERNATIONAL GROUP
(INDIA) PRIVATE LIMITED

Unit No. 401, 4th Floor,
NESCO IT Park,,
Western Express Highway,
Goregaon (East),
Mumbai-400063
Maharashtra, India

GST ID:
27AAECD1043M1ZP

Renewal of Premium for modiconsultancyservices.com for 12 months	INR 6108.00
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SUB-TOTAL	INR 6108.00
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IGST (18.00%)	INR 1099.44
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TOTAL	INR 7207.44
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SAC: 998315

ORIGINAL FOR RECIPIENT

Digitally signed by ENDURANCE
INTERNATIONAL GROUP INDIA
PRIVATE LIMITED
Date: 2025.12.30 11:34:34 GMT
Location: IN

Thank you for your business