

Weekly - Petty cash /expense card statement.

Name	K Suneel Kumar		Statement date	09-01-2026 Card No.4629 5254 2716 5724			
Prepared by	K Suneel Kumar		Sign				
From period	02-01-2026		To period	08-01-2026			
SI No	Debit to company	Debit to project	Description of expense		Amount	Bill enclosed	GST bill
1.	SOV	SOV	Printer repairing charges		1800	<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				1800		
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 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.

**SC SILICON COMPUTERS**

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

**INVOICE**

Date:

No.:

**632****M/s. modi Housing Soc**

Sl.No.	Description	Qty.	Rate	Total ₹
1.	Printer repairing charges	1		1800 00
		1		1
	<b>TOTAL</b>			<b>1800 00</b>

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

for **SILICON COMPUTERS**