

**Weekly - Petty cash /expense card statement.**

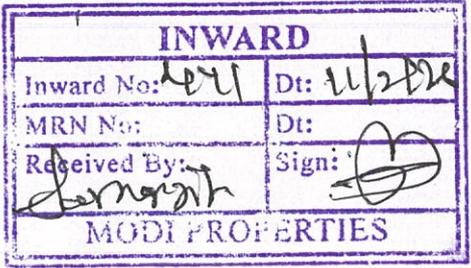
Name		K Suneel Kumar		Statement date	13-02-2026 Card No.4629 5254 2716 5724		
Prepared by		K Suneel Kumar		Sign			
From period		06-02-2026		To period	12-02-2026		
SI No	Debit to company	Debit to project	Description of expense	Amount	Bill enclosed	GST bill	
1.	SOV	SOV	Ink bottle purchased	600	<input type="checkbox"/> 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			<b>600</b>			
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**

<b>Ace Business Solutions</b> #NRSC Colony, Hydernagar, Hyderabad-500 082 GSTIN: 36ANLPK6297R1ZU State : Telangana. Ph:-8555004783	Invoice No. 34/25-26	Dated 07-02-2026
	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	Epson Ink 774	9612	1	508.47	18%	508.47
						CGST 45.76
						SGST 45.76
						Rounded off 0.01
						<b>600.00</b>



Amount (in words) Six Hundred Only E. & O.E

Taxable Value	Central Tax		State Tax		Total Tax Amt
	Rate	Amt	Rate	Amt	
508.47	9%	45.76	9%	45.76	91.52

Receiver Signature	Company's Bank Details: Bank Name: State Bank of India IFSC CODE : SBIN0011665 Branch: Hydernagar
	For Ace Business Solutions  Authorised Signatory