

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

<b>Name</b>		K Suneel Kumar		<b>Statement date</b>	13-02-2026 Card No.4629 5254 2716 5724		
<b>Prepared by</b>		K Suneel Kumar		<b>Sign</b>			
<b>From period</b>		06-02-2026		<b>To period</b>	12-02-2026		
<b>Sl No</b>	<b>Debit to company</b>	<b>Debit to project</b>	<b>Description of expense</b>	<b>Amount</b>	<b>Bill enclosed</b>	<b>GST bill</b>	
1.	MHTR	MHTR	Label purchased	1711	<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.	<b>Total</b>			<b>1711</b>			
<b>Amount to be credited by</b>		<input type="checkbox"/> Transfer to expense card, <input type="checkbox"/> Cash reimbursement, <input type="checkbox"/> Transfer to personal a/c. <input type="checkbox"/> Other:					
<b>Approved by:</b>		<b>Div. Manager</b>	<b>Accountant</b>	<b>Accounts Manager</b>	<b>MD</b>		
<b>Sign:</b>							
<b>Date:</b>							

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.  
36/25-26

Dated  
08-02-2026

Delivery Note

Mode/Terms of Payment

Reference No. & Date:

Other References

Buyer (Bill to)  
 Modi Housing Trading  
 5-4-187/3&4, 2nd Floor Soh'am  
 Mansion MG Road, Secunderabad-  
 500 003 GSTIN:  
 36AADCM5906D2ZO

Buyer's Order No.

Dated

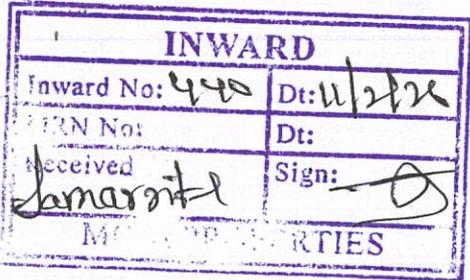
Dispatch Doc No.

Delivery Note Date

Dispatched through

Destination

Sl No.	Description of goods	HSN/SAC	Qty	Rate	per	Amount
1	Plain Label - Nylon 2500 Nos	39199010	1	1250.00	18%	1,250.00
2	Barcode ribbon - wax resin	96121090	1	200.00	18%	200.00
						CGST 130.50
						SGST 130.50
	Rounded off					0.00
						<b>1,711.00</b>



Amount (in words) One Thousand Seven Hundred Eleven Only

E. & O.E

Taxable Value	Central Tax		State Tax		Total Tax Amount
	Rate	Amt	Rate	Amt	
Total 1,450.00	9%	130.50	9%	130.50	261.00

Company's Bank Details:  
 Bank Name: State Bank of India  
 IFSC CODE : SBIN0011665  
 Branch: Hydernagar

For Ace Business Solutions



Receiver Signature

Authorised Signatory