

Weekly - Petty cash /expense card statement.

Name	K. Suneel Kumar		Statement date	20-02-2026 Card No.4629 5254 2716 5724		
Prepared by	K. Suneel Kumar		Sign			
From period	13-02-2026		To period	19-02-2026		
Sl No	Debit to company	Debit to project	Description of expense	Amount	Bill enclosed	GST bill
1.	AMS 4554	AMS 4554	Printer repairing charges	3200	<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			3200		
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 received 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.

Bill of Supply

## ABHI TECHNO SOLUTIONS

PRINTER & COMPUTER PERIPHERAL SALES

#17-119/2/A, Near Thukramgate Police station, North Lalaguda, secunderabad, Telangana - 17

Cell: 9246244984

email: hpplottersservices@gmail.com

M/s: AMTZ Medpolis Square 4554 Pvt Ltd  
Hyderabad

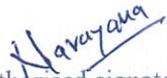
Bill No. 122  
Date 18-02-2026

S No	Description of Goods	HSN code	Qty	Rate	Amount
1	Brother 820 main repairing charges		1	3,200.00	3,200.00
Grand Total					3,200.00

Rupees: Three Thousand Two Hundred Only

Receivers Signature

for ABHI TECHNO SOLUTIONS

  
Authorised signatory

Terms & Conditions: Goods Once sold will not be taken back

E.& O.E. Any dispute subject to Hyderabad Jurisdiction