

# DCDC Health Services Pvt. Ltd.

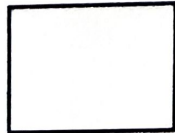
C-185 Mayapuri Industrial area Ph-2, New Delhi- 110 064  
e-mail: info@dcdc.co.in, Web: www.dcdc.co.in

## Cash Payment

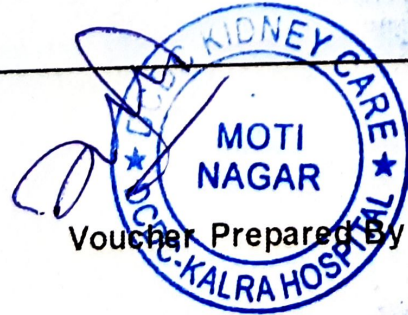
Date 27/9/23

Voucher No .....

| Particulars   | Amount ( ) |
|---|------------|
| Debit: Patient transfer to DDUH Hospital<br>in emergency (fare) | 150/-      |
|   |            |
|   |            |
|   |            |
|   |            |
| (Rupees..... <u>One hundred fifty rupees</u> ..... Only):       |            |
| Narration:  |            |



Receiver's Signature



Voucher Prepared By

Accounts Deptt.

Approved By