

# 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

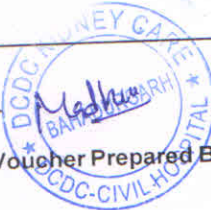
Voucher No ..... 3 .....

Cash Payment

Date ..... 22/11/24 .....

Particulars	Amount ( )
Debit: To Sandeep (SN)	100
(Rupees ..... One hundred only ..... Only):	100
Narration: Towel Expense for bring three oxygen cylinder Refilling	

  
Receiver's Signature

  
Voucher Prepared By

Accounts Deptt.

Approved By