**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**

**Voucher No** .....

**Date** 23-08-2024
.....

| Particulars | Amount ( ) |
|---|---|
| **Debit:** | 200*6 |
| A4 RIM | |
| | |
| | |
| | |
| | |
| | |
| (Rupees- One Thousand Two Hundred Rupees ..... Only): | 1200 |
| **Narration:** | |

DCDC KIDWAI

Receiver'sSignature

VoucherPreparedBy

AccountsDeptt.

ApprovedBy