

# DCDC Health Services Pvt. Ltd.

C-185 Mayapuri Industrial area Ph-2, New Delhi- 110 064

e-mail: [info@dcdc.co.in](mailto:info@dcdc.co.in), Web: [www.dcdc.co.in](http://www.dcdc.co.in)

Voucher No .....

Date .....

## Cash Payment

Particulars

Amount ( )

Debit:

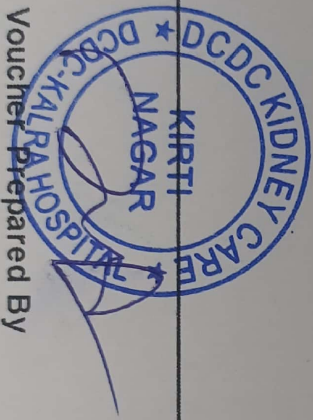
Rs 100/-  
Cash

100/-

(Rupees) Two hundred and twenty five Rupees Only:

Narration:

Receiver's Signature



Voucher Prepared By

Accounts Deptt.

Approved By

