RECEIVED the sum of Rupees _____

Firm's Name :

VOUCHER

No. _____

Date 25/9/2024

PARTICULARS	Rs.	P.
DEBIT Autofare for Bubble Wrap	80.	00
TOTAL		
CREDIT		
TOTAL	80.	00

Approved by: _____

Signature _____

PCDC KIDNEY CARE

Receiver's Signature _____

Scanned with OKEN Scanner