RECEIVED the sum of Rupees _____

Firm's Name :

VOUCHER

No. _____

Date 24/9/2024

PARTICULARS	Rs.	P.
DEBIT Autofare for HK Items Purchase	100.	00
TOTAL		
CREDIT _____		
TOTAL	100.	00

Approved by: _____

Signature _____

DCDC KIDNEY CARE CENTRE DDC KATHARTH

Receiver's Signature 24/9/24.

Scanned with OKEN Scanner