

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

Date 9-10-24

Cash Payment

Voucher No .....1.....

Particulars	Amount ( )
Debit: to Deepak and shuresh	700/-
Charges paid for A Part B Part Box Unloding June month	
(Rupees- Seven Hundred . Rupees ..... Only):	700/-

Narration:

Receiver's Signature

Voucher Prepared By

Accounts Deptt.

Approved By  
  
*[Signature]*