

# DCDC Health Services Pvt. Ltd.

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

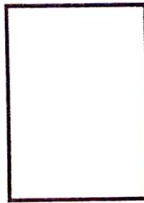
e-mail: info@dccdc.co.in, Web: www.dccdc.co.in

Voucher No ..... 2 .....

## Cash Payment

Date ..... 20/11/23 .....

Particulars	Amount ( )
Debit: Auto fare	40/-
from MCH Ch. Dadi to Civil hospital Ch. Dadi.	
(Rupees ..... Forty ..... Only):	40/-
Narration:	



Receiver's Signature

*(Signature)*

Voucher Prepared By

Accounts Deptt.

Approved By