

# DCDC Health Services Pvt. Ltd.

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

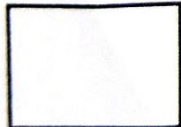
e-mail: info@dcdc.co.in, Web: www.dcdc.co.in

## Cash Payment

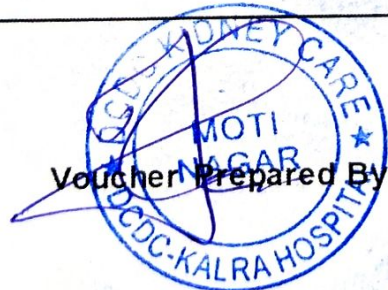
Voucher No .....

Date 30/5/24

Particulars	Amount ( )
Debit:	
Maggga aty (2) & Boush	100
	1
(Rupees..... <u>one hundred rupees only</u> ..... Only):	100/-
Narration:	



Receiver's Signature



Voucher Prepared By

Accounts Deptt.

Approved By

*[Handwritten signature]*