

# DCDC Health Services Pvt. Ltd.

C-185 Mayapuri Industrial area Ph-2, New Delhi- 110 064  
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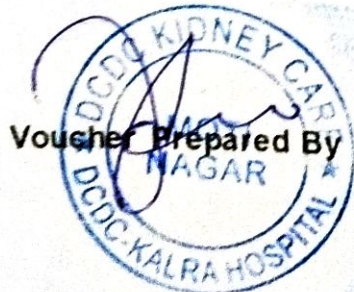
Voucher No .....

## Cash Payment

Date ..... 18/01/24

| Particulars   | Amount ( )   |
|---|--------------|
| Debit: <i>Electrician charge</i>                          | <i>600</i>   |
|   |              |
|   |              |
|   |              |
|   |              |
| (Rupees..... <i>Six hundred rupees only.</i> ..... Only): | <i>600/-</i> |
| Narration:  |              |

Receiver's Signature



Voucher Prepared By

Accounts Deptt.

Approved By