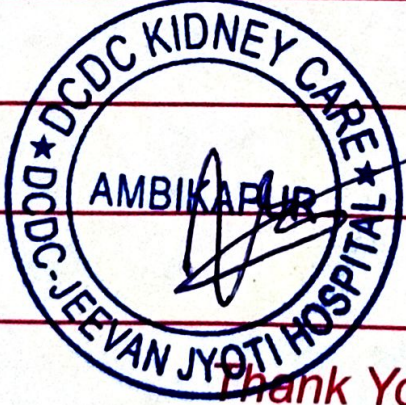


APPROVAL / ESTIMATE

Name J. S. Hospital Ambikapur

Address _____ Date 30/10/24

QTY.	PARTICULARS	RATE	AMOUNT Rs. P.
	D. Water Bill	→	1120
	01/10/2024		
	to		
	30/10/2024		
	28 Jan		
	Patel (40Ru)		
			
	Thank You!	TOTAL	1120

Officemate

C. Signature

Signature