

# DCDC Health Services Pvt. Ltd.

C-185 Mayapuri Industrial area Ph-2, New Delhi- 110 064  
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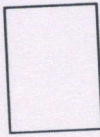
Date 15/9/23

## Cash Payment

Voucher No .....

Amount ( )

Particulars	Amount ( )
Debit:	
1) Extension Board	320
2) Auto fare	40
(Rupees ..... Three Hundred Sixty Rupees ..... Only):	360/-
Narration:	



Receiver's Signature

*[Signature]*  
Voucher Prepared By

Accounts Deptt.

Approved By