VOUCHER

No. _____

Firm's Name : SHKM Mewat

Date 7-10-23

PARTICULARS	₹	P.
DEBIT Auto fair charges Patwari to Mewat	300.00	
TOTAL		
CREDIT		
TOTAL	300/-	

Approved by _____

Signature _____

DCDC KIDNEY CARE MEWAT SHKM GMC

Receiver's Signature _____

RECEIVED the sum of Rupees _____

on A/c of _____