

# DCDC Health Services Pvt. Ltd.

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

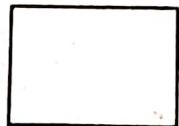
e-mail: info@dcdc.co.in, Web: www.dcdc.co.in

## Cash Payment

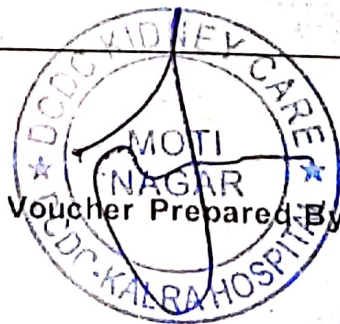
Voucher No .....

Date .....

Particulars	Amount ( )
Debit: Home Dialysis's Fare	160
(Rupees..... One hundred sixty rupees ..... Only):	160
Narration:	



Receiver's Signature



Voucher Prepared By

Accounts Deptt.

Approved By

