

# 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

Voucher No .....

## Cash Payment

Date .....

Particulars	Amount ( )
Debit: Auto fare for refilling O <sub>2</sub> cylinders	100/-
(Rupees ..... Only):	100/-
Narration: Handled by	

Receiver's Signature

Voucher Prepared By

Accounts Deptt.

Approved By