


Cash / Credit Bill

Cell : 96761 39922

VASUNDHARA OXYGEN GAS AGENCIESOxygen, Nitrogen, Medical Oxygen, Co₂ & D-A Gases
H.No. 1-5-80/1, Aravind Nagar, By Pass Road, Dist.: JAGTIAL - 505 327.No. **546**Date 11/06/24

M/s. _____

Party GSTIN _____

| Particulars | | | | | Qty. | Rate | Amount Rs. Ps. | |
|---------------------------|--|--|----------------------------|--|--|------|-------------------|--|
| Oxygen Cylinder | | | | | 02 | | 600 | |
| Empty Cylinders | | | Full Cylinders | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Received No. of Cylinders | | | Delivered No. of Cylinders | | CGST | 9% | | |
| | | | | | SGST | 9% | | |
| | | | | | Grand Total | | 600/- | |
| Receiver's Sign. Cell: | | | | | For: VASUNDHARA GAS AGENCIES  Proprietor | | | |

CASH VOUCHER

Date.....11/06/24.

No. _____

to ~~purchase~~ auto charges.

Pay Oxygen cylinder Bill paid to
Three hundred fifty Rupees only.
the sum of Rupees _____

being 350/- as stated here in

and debit _____ Received the above sum of Rs. 350/-

Authorised by _____
Paid by K. Naveen on (Bank) _____

Cheque No. _____

Receiver's Signature _____