

# 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 ..... 4. .....

## Cash Payment

Date ..... 28/6/24 .....

Particulars	Amount ( )
Debit: <u>To</u>	<u>500</u>
<u>(Electrician) Satish Ji</u>	
(Rupees ..... <u>Five hundred only</u> ..... Only):	<u>500/-</u>
Narration: <u>paid to Electrician for multiple visit in our unit and fixing some electric issues.</u>	

Satish Ji

Receiver's Signature



Voucher Prepared By

Accounts Deptt.

Approved By