RECEIVED the sum of Ruppes _____

Firm's Name :

VOUCHER

No. _____

Date 15/10/24

PARTICULARS	Rs.	P.
DEBIT plumber charge for Dialysis washing Area fitting charge	300.00	
TOTAL	1	
CREDIT		
TOTAL	300.00	

Approved by: _____

Signature _____

DCRC KIDNEY CARE HOSPITAL

15/10/24.

Receiver's Signature _____

Scanned with OKEN Scanner