RECEIVED the sum of Ruppes _____

Firm's Name :

VOUCHER

No. _____

Date 24/9/2024

PARTICULARS	Rs.	P.
DEBIT Staff Conveyance Moti Nagar to Yathartth Hospital	200.	00
TOTAL		
CREDIT		
TOTAL	200.	00

Approved by: _____

Signature _____

DCDC KIDNEY CARE NOIDA YATHARTH HOSPITAL

Receiver's Signature _____

Scanned with OKEN Scanner