

on A/c of

RECEIVED the sum of Rupees

Firm's Name :

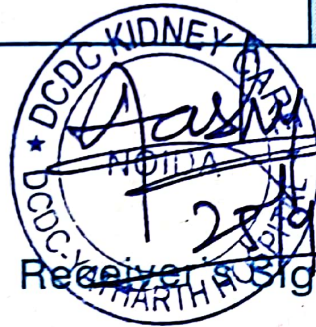
VOUCHER

No. _____
Date 25/9/2024

PARTICULARS		Rs.	P.
DEBIT	<u>Staff Conveyance</u>		
	<u>Moti Meyar to Yatharth Hospital</u>	<u>200</u>	<u>00</u>
		TOTAL	
CREDIT			
		TOTAL <u>200</u> . <u>00</u>	

Approved by: _____

Signature _____


 DCDC KIDNEY
 Ashu
 25/9/24
 Receiver's Signature