

VOUCHER

PAID TO _____

NO. : _____

DATE : 22/8/2024

DEBIT _____

ON A/C OF _____

Staff charge for Night CRRT

| PARTICULARS : | RS. | PS. |
|--------------------------------|----------------|----------------|
| <u>CRRT charge for (Night)</u> | <u>1500.00</u> | |
| | <u>1</u> | |
| RUPEES IN WORDS | TOTAL | <u>1500.00</u> |

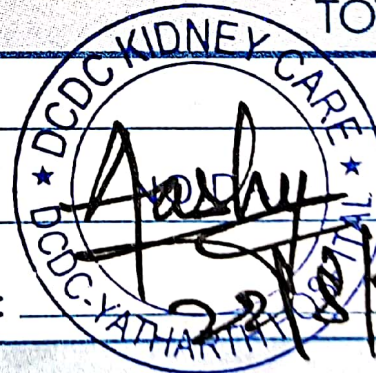
AUTHORISED BY _____

PASSED BY _____

PAID CASH/CHEQUE DRAWN ON _____

CHEQUE NO. _____

DATE : _____



RECEIVERS SIGN.

