

RECEIVED the sum of Rupees

Firm's Name :

# VOUCHER

No. \_\_\_\_\_  
Date 20/9/2024

PARTICULARS		Rs.	P.
DEBIT			
	Staff Conveyance Multay Nagar to Yatharth Hospital (Babil)	500	00
	TOTAL		
CREDIT			
	TOTAL	500	00

Approved by: \_\_\_\_\_

Signature \_\_\_\_\_

Receiver's Signature \_\_\_\_\_

