

7

*(Handwritten scribble)*

# EXPRESS

Seat No..... Date 16/09/23

From 201 To 028



₹ 100

N.B.: Ticket are not return

Sig.

# EXPRESS

Seat No.....Date..... 16/9/23

From.....To.....

3930

₹



Ticket are not returnable

Signature

## APPROVAL / ESTIMATE

Name DCDC Kidney Care

Address ..... 16/9/23

QNTY	PARTICULARS	RATE	AMOUNT	
			Rs.	P.
	Out Duty			
	CHAIBASA			
	→ Fueling	→	200/-	
	→ MUM to mango	→	40/-	
	Bus stand &			
	vice versa			
	⇒ chair bus	→	20/-	
	stand to sadar			
	hospital chair bus			
	& vice versa			
	Thank You	TOTAL	260/-	

C. Signature

Signature