

EXPRESS

Seat No..... Date.....

From..... To **3204**.....



100

N.B.: Ticket are not return

Sig.

9

EXPRESS

Seat No..... Date **308** **19-9-23**

From To



₹ 100

N.B.: Ticket are not return

Sig.

APPROVAL / ESTIMATE

Name D.D. Kidney Care

Address 19/9/23

QNTY	PARTICULARS	RATE	AMOUNT	
			Rs.	P.
	Out-Duty Chai basa			
→	Fooding		200/-	
→	10 Residence		50/-	
	to mango bus stand & vice versa			
→	chai basa bus & stand to Sadar Hospital & vice versa		20/-	
	Thank You	TOTAL	270/-	

C. Signature

Signature