Firm's Name :

VOUCHER

No. _____

Date 31/10/2024

RECEIVED the sum of Rupees _____

OR A/c of _____

PARTICULARS	Rs.	P.
DEBIT Tea Expense for Oct'24	2000.	00
TOTAL		
CREDIT		
TOTAL	2000.	00

Approved by: _____

Signature _____

DCDC KIDNEY CARE CENTRE DCDC YAMUNANAGAR

Receiver's Signature _____

Scanned with OKEN Scanner