

# DCDC Health Services Pvt. Ltd.

C-185 Mayapuri Industrial area Ph-2, New Delhi- 110 064  
e-mail: info@dcdc.co.in, Web: www.dcdc.co.in

Voucher No ..... 5 .....

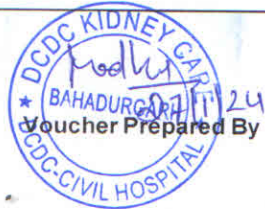
Cash Payment

Date ..... 27/1/24 .....

Particulars	Amount ( )
Debit: <u>To</u>	
<u>Kunal (Technician)</u>	<u>100</u>
	<u> </u>
(Rupees ..... <u>One hundred only</u> ..... Only):	<u>100/-</u>
Narration: <u>Travel Expense for bring diesel</u>	



Receiver's Signature



Accounts Deptt.

Approved By