

# 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 ..... 1 .....

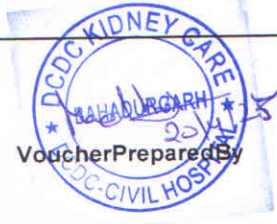
Cash Payment

Date 20/4/23 .....

Particulars	Amount ( )
Debit: <u>To</u>	<u>100/-</u>
<u>Ankit (HR)</u>	
(Rupees <u>one hundred only</u> ..... Only):	<u>100/-</u>
Narration: <u>Trawl expense for bring diesel.</u>	

Ankit

Receiver's Signature



Voucher Prepared By

Accounts Deptt.

Approved By