

# 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 ..... 4/1/23 .....

Particulars	Amount ( )
Debit: <u>To</u>	100
<u>Suman (HK)</u>	
(Rupees ..... <u>one hundred only</u> ..... Only):	100/-
Narration: <u>Travel Expense given to Suman for bring Housekeeping material and getting Assessment sheet.</u>	



Receiver's Signature



Voucher Prepared By

Accounts Deptt.

Approved By