

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 8/11/23

| Particulars | Amount () |
|---|------------|
| Debit: To Amit | 100 |
| | |
| | |
| | |
| | |
| | |
| (Rupees..... One hundred only Only): | 100/- |
| Narration: Travel Expense for Oxygen Cylinder Refilling | |



Receiver's Signature



Voucher Prepared By

Accounts Deptt.

Approved By