

# 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 ..... 10/3/23 .....

Particulars	Amount ( )
Debit: <u>To</u>	
<u>Me (Madhu)</u>	<u>100 /-</u>
(Rupees ..... <u>one hundred only</u> ..... Only):	<u>100 /-</u>
Narration: <u>Travel Expense for Cash deposit in bank.</u>	

Madhu

Receiver's Signature



Voucher Prepared By

Accounts Deptt.

Approved By