

# 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 ..... 21/12/22 .....

Particulars	Amount ( )
Debit: To me (Medicine)	100
(Rupees ..... One hundred only ..... Only):	100/-
Narration: Travel Expense for Cash deposit in bank	



Receiver's Signature



Voucher Prepared By

Accounts Deptt.

Approved By