

# 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 .....7.....

## Cash Payment

Date .....30/11/22.....

Particulars	Amount ( )
Debit: To me (Madhu)	60/-
(Rupees .....Sixty Rupees only..... Only):	60/-
Narration: Travel Expense for Cash deposit in bank.	

*Madhu*

Receiver's Signature



Voucher Prepared By

Accounts Deptt.

Approved By