

# 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 ..... 11/10/23 .....

Particulars	Amount ( )
Debit: <u>To</u>	<u>500</u>
<u>Dr. Faizan (DMO)</u>	
	<u>1</u>
(Rupees ..... <u>Five hundred only</u> ..... Only):	<u>500/-</u>
Narration: <u>Towel Expense given to Dr. Faizan from Delhi to Bahadurgarh.</u>	

  
Receiver's Signature

  
Voucher Prepared By

Accounts Deptt.

Approved By