

# 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 ..... 4/10/23 .....

Particulars	Amount ( )
Debit: To	800 
Kailash Chandra (Sr. Tech)	
(Rupees..... Eight hundred only ..... Only):	800/-
Narration: Travel Expense given to Kailash Chandra for going to four time visit in training program Delhi: (June to Sep)	



Receiver's Signature



Voucher Prepared By

Accounts Deptt.

Approved By