

# DCDC Health Services Pvt. Ltd.

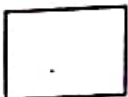
C-185 Mayapuri Industrial area Ph-2, New Delhi- 110 064  
e-mail: info@dcdc.co.in. Web: www.dcdc.co.in

Cash Payment

Date .....14/5/24.....

Voucher No .....

Particulars	Amount ( )
Debit:	60/-
Toilet open Shaver Charge	1
(Rupees ..... Six Hundred ..... Only):	60/-
Narration:	



Receiver's Signature

Voucher Prepared By

Accounts Deptt.

Approved By