

# DCDC Health Services Pvt. Ltd.

C-185 Mayapuri Industrial area Ph-2, New Delhi- 110 064  
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## Cash Payment

Voucher No ..... Date .....

Particulars	Amount ( )
Debit:	
Transport charges for Saks	50 /
(Rupees ..... Only):	50 /
Narration:	

Receiver's Signature

Voucher Prepared By

Accounts Deptt.

Approved By

