

# 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 ..... Date 13/4/24 .....

## Cash Payment

Particulars	Amount ( )
Debit:	
1) Cup - (12)	
2) Glasses - (6)	
3) Tray	
4) Spoon	
(Rupees ..... <u>Five Hundred Rupees</u> ..... Only):	<u>500/-</u>
Narration:	<u>500/-</u>



Receiver's Signature

Voucher Prepared By ..... Accounts Deptt. ..... Approved By .....