

# DCDC Health Services Pvt. Ltd.

C-185 Mayapuri Industrial area Ph-2 New Delhi- 110 064  
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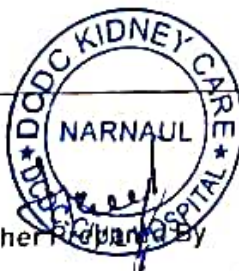
Voucher No .....

Cash Payment

Date ..... 31/5/2022

Particulars	Amount ( )
Debit:	
Drinking Water Bill (4 Camper)	1500/-
(Rupees ..... Fifteen Hundred ..... Only):	1500/-
Narration:	

Receiver's Signature



Voucher Prepared By

Accounts Deptt.

Approved By