	PAYMENT VOUCHER	
		Date: 7/6/2024
Amount:	<u>-</u>	1 1 40 1 1 10 1 10 1 10 10 10 10 10 10 10 10
Payment Method:	Cash	Cash or Bank
Amount Paid To:	Knishna Computers	 Name of Receiver
Amount in Words:	, 1,0 0 1	Name of Receiver
On Account of:	oint for Harrisont	
Authorized by		Received By
	DCDC KIDNEY CARE	*