

# 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 ..... 6/10/24

Voucher No .....

Particulars	Amount ( )
Debit:	600/-
Toilet Service after Charge	
(Rupees ..... Six Hundred ..... Only):	600/-
Narration:	

Receiver's Signature



Voucher Prepared By

Accounts Deptt.

Approved By