



Form ID: DYP CET: Voucher/001

Date: \_\_\_\_\_

**Voucher (Miscellaneous Expenses)**

Pay to (Name of Staff) \_\_\_\_\_ Department \_\_\_\_\_

On account of \_\_\_\_\_

Sr No.	Expenditure Details	Amount (Rs)
Total		

H.O.D.

Registrar

Principal

Executive Director

Receivers Sign



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