

Vraj Dental Clinics Pvt. Ltd.

Voucher Date: Voucher No:

Party Name:

Sr.No	Invoice Number	Amount
1	22-23/09723 22-3-2023	Rs. 2900
2	22-23/09207 7-3-2023	Rs. 440
3	22-23/09191 6-3-2023	Rs. 4320
4	22-23/09152 4-3-2023	Rs. 4540
5	22-23/08213 6-2-2023	Rs. 510
6	22-23/08186 6-2-2023	Rs. 560
7	22-23/08059 2-2-2023	Rs. 2390
8	22-23/08153 4-2-2023	Rs. 6275
9	22-23/08077 2-2-2023	Rs. 1080
10	07988 31-1-2023	Rs. 990
11	22-23/07471 16-1-2023	Rs. 6900
12	22-23/07112 4-1-2023	Rs. 4250
13	22-23/07046 3-1-2023	Rs. 670
14	22-23/07016 2-1-2023	Rs. 3710
15	22-23/06492 16-12-2022	Rs. 2960
16	22-23/06139 5-12-2022	Rs. 800
Total Amount		Rs.

1/1