

JOURNAL VOUCHER

Date : 16/10/2024

Ref.No. :

Ref.Date :

Particulars

Dr.Amount

Cr.Amount

DEBIT ACCOUNT :

DISCOUNT

407.00

CREDIT ACCOUNT :

L V PHARMA

407.00

Narration :

Amount in Words : Rupees Four Hundred Seven Only.

For MILIMAX HEALTHCARE PVT. LTD.

Signature

Checked By

Pass By