

.. Voucher No Wise Information ..

VCH.YR	VCH.NO	VCH.DT	TRN.TYP	VCH.AMT	CONC.AMT	SETTLED AMT	DOCTOR NAME	CREDIT COMPANY NAME	PATIENT CLASS
2020	1296658	02/01/2020	CASH	800.00	0.00	800.00	DR. MATCHAVEL KANDAI AH S	SELF	OPD
			TOTAL :-	800.00	0.00	800.00			

.. Voucher No - Transaction Wise Information ..

REF.NO	CHARGE DESCRIPTION	SERVICE DESCRIPTION	RATE	NO OF UNITS	TRN.AMT
110056016	REGISTRATION CHARGES	REGISTRATION FEES	100.00	1.00	100.00
125215608	DOCTOR FEE	FIRST CONSULATION FOR SPECIAL(S)	700.00	1.00	700.00