



JAYAWANT SHIKSHAN PRASARAK MANDAL'S

Name of the Institute : _____

Campus Name : _____

PAYMENT VOUCHER

Rs. _____

Date : / /20

No. :

Pay Mr. / Mrs. _____

a sum of Rs. _____

being _____

and debit on _____ account.

Received the sum of

Paid by cash / cheque on _____

Rs. _____

Bank _____

Branch _____

Cheque No. _____ Date : _____

Accountant

Principal/Director

Receiver's Signature



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