



DEBIT VOUCHER

C. B .F. No.

U.P. State Seed Certification Agency

GOVERNMENT GARDEN COMPOUND, ALAMBAGH, LUCKNOW-226 005

D.V.No Dated20.....

PARTICULARS	Amount	
	Rs.	P.
DEBIT A/c. _____		
PAY TO _____		
Being _____		
Contingent No. _____ / Pay Bill No _____		
Rs. TOTAL		

Cash / Cheque / Draft No.....Dated.....

Prepared by Cashier Sr. Accountant Finance & Accounts Officer



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