

# Invoice

Status: **Valid**

Submission Date : 01/05/2023 01:39:10 AM (30/04/2023 10:39:10 PM UTC)

Issuance Date : 01/05/2023 01:38:09 AM Cairo (30/04/2023 10:38:09 PM UTC)

For more details, please  
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## Issuer (From)

مستشفى لايف انترناشيونال

Registration Number #447597124

برج الشرطة القبلي طريق سوهاج نجع حمادي, 1 , ,

Sohag, EG,

Taxpayer Activity Code:

8610



ID: YYRJPCP07EXPWCBAEZR35AZG10

Proforma Invoice Number:

PO Reference:

SO Reference:

## Recipients (To)

شركه الأهلي للخدمات الطبية

Registration Number #376999748

الجيزة برج الجامعه, 57 شارع , ,

الجيزة , EG,

Code Name	Item Code	Description	Qty.	Unit Price (EGP)	Total Sales Amount (EGP)
Insurance Claim	EG-447597124-INSURANCECLAIM	مطالبة تعاقبات لشهر 4	1.0000	417,290.0500	417,290.0500
Total Sales (EGP)					417,290.0500
Total discount (EGP)					0.0000
Total Items Discount (EGP)					0.0000
Extra Invoice Discounts (EGP)					0.0000
<b>Total Amount (EGP)</b>					<b>417,290.0500</b>

Internal ID: CLM-23-00000147

Co-Signed By: مستشفى لايف انترناشيونال الجياه الت

PDF Timestamp: 3/5/23 10:34 AM UTC+02:00

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