

Invoice

Status: **Invalid**

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

Issuance Date : 01/05/2023 01:37:46 AM Cairo (30/04/2023 10:37:46 PM UTC)

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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: 994D52WY2XHHV7JBZR35AZG10

Proforma Invoice Number:

PO Reference:

SO Reference:

Recipients (To)

TaxPayer Name: الجهاز المركزي للمحاسبات

Registration Number #542806495

طريق صلاح سالم - مدينة نصر , 1 , ,

القاهرة , 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	725.0000	725.0000
				Total Sales (EGP)	725.0000
				Total discount (EGP)	0.0000
				Total Items Discount (EGP)	0.0000
				Extra Invoice Discounts (EGP)	0.0000
				Total Amount (EGP)	725.0000

Internal ID: CLM-23-00000158

Co-Signed By: مستشفى لايف انترناشيونال الجاه الت

PDF Timestamp: 3/5/23 10:42 AM UTC+02:00

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