

Invoice

Status: Valid

Submission Date : 01/05/2023 01:39:11 AM (30/04/2023 10:39:11 PM UTC)

Issuance Date : 01/05/2023 01:37:56 AM Cairo (30/04/2023 10:37:56 PM UTC)

For more details, please scan the QR code below

Issuer (From)

مستشفى لايف انترناشيونال

Registration Number #447597124

برج الشرطة القبلي طريق سوهاج نجع حمادي, 1 , ,

Sohag, EG,

Taxpayer Activity Code:

8610



ID: 2PARP2886N0RPCGEBZR35AZG10

Proforma Invoice Number:

PO Reference:

SO Reference:

Recipients (To)

تعاية المهن الطبية

Registration Number #100580327

الحديقة جاردن سيتي , 6 شارع , ,

الفاهره , EG,

Code Name	Item Code	Description	Qty.	Unit Price (EGP)	Total Sales Amount (EGP)
Insurance Claim	EG-447597124-INSURANCECLAIM	مطالبة تعافدات لشهر 4	1.0000	7,360.1300	7,360.1300
Total Sales (EGP)					7,360.1300
Total discount (EGP)					0.0000
Total Items Discount (EGP)					0.0000
Extra Invoice Discounts (EGP)					0.0000
Total Amount (EGP)					7,360.1300

Internal ID: CLM-23-00000153

Co-Signed By: مستشفى لايف انترناشيونال الجياه الت

PDF Timestamp: 3/5/23 10:41 AM UTC+02:00

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