

# Invoice

Status: **Valid**

Submission Date : 31/01/2023 08:48:58 PM (31/01/2023 06:48:58 PM UTC)

Issuance Date : 31/01/2023 08:48:06 PM Cairo (31/01/2023 06:48:06 PM UTC)

For more details, please  
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## Issuer (From)

مستشفى لايف انترناشيونال

Registration Number #447597124

برج الشرطة القبلي طريق سوهاج نجح حمادي, 1 , ,

Sohag, EG,

Taxpayer Activity Code:

8610



ID: 8FCZGD3RQPYY1QG8SXAJJ4RG10

PO Reference:

Proforma Invoice Number:

SO Reference:

## Recipients (To)

الخدمات التجارية البنوكية ( بنوكريد )

Registration Number #200220853

شارع انور المفتي عمارات بنك التعمير والاسكان قسم اول 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 1 | 1.0000 | 239.4000         | 239.4000                 |
| Total Sales (EGP)             |                             |                       |        |                  | 239.4000                 |
| Total discount (EGP)          |                             |                       |        |                  | 0.0000                   |
| Total Items Discount (EGP)    |                             |                       |        |                  | 0.0000                   |
| Extra Invoice Discounts (EGP) |                             |                       |        |                  | 0.0000                   |
| <b>Total Amount (EGP)</b>     |                             |                       |        |                  | <b>239.4000</b>          |

Internal ID: CLM-23-00000001

Co-Signed By: مستشفى لايف انترناشيونال الحياة الت

PDF Timestamp: 31/1/23 06:55 PM UTC+02:00

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