

# 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 01:38:15 AM Cairo (30/04/2023 10:38:15 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: NWP7Z7FPAWZSX0SDFZR35AZG10

Proforma Invoice Number:

PO Reference:

SO Reference:

## Recipients (To)

شركة ميد لايف

Registration Number #200123297

القطعة القطاع الاول مركز مدينة التجمع الخامس, 75 , ,

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	39,383.4300	39,383.4300
Total Sales (EGP)					39,383.4300
Total discount (EGP)					0.0000
Total Items Discount (EGP)					0.0000
Extra Invoice Discounts (EGP)					0.0000
<b>Total Amount (EGP)</b>					<b>39,383.4300</b>

Internal ID: CLM-23-00000144

Co-Signed By: مستشفى لايف انترناشيونال الحياة الت

PDF Timestamp: 3/5/23 10:33 AM UTC+02:00

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