

Invoice

Status: Valid

Submission Date : 31/01/2024 09:47:50 PM (31/01/2024 07:47:50 PM UTC)

Issuance Date : 31/01/2024 09:47:37 PM Cairo (31/01/2024 07:47:37 PM UTC)

For more details, please
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Issuer (From)

Taxpayer Name : مستشفى لايف انتر ناسيونال

Registration Number : #447597124

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برج الشرطة القبلي طريق سوهاج نجع حمادي

Sohag, Sohag Governorate, EG

Taxpayer Activity Code:

8610



ID: HD027P4T011RT8NZ1FF0HGNH10

PO Reference:

Proforma Invoice Number:

SO Reference:

Recipients (To)

Taxpayer Name: شركة ميد لايف

Registration Number : #200123297

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القطعة القطاع الاول مركز مدينة التجمع الخامس

القاهرة, القاهرة, EG

Code Name	Item Code	Description	Quantity	Unit Price (EGP)	Total Sales Amount (EGP)
Insurance Claim	EG-447597124-INSURANCECLAIM	مطالبة تعاقبات لشهر 1	1.0000	122,207.5700	122,207.5700
Total Sales (EGP)					122,207.5700
Total discount (EGP)					0.0000
Total Items Discount (EGP)					0.0000
Extra Invoice Discounts (EGP)					0.0000
Total Amount (EGP)					122,207.5700

Internal ID: CLM-24-00000001

Signed By: مستشفى لايف انتر ناسيونال الحياة الت

PDF Timestamp: 7/2/24 05:04 PM UTC+02:00

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