

Invoice

Status: **Valid**

Submission Date : 31/01/2023 08:51:41 PM (31/01/2023 06:51:41 PM UTC)

Issuance Date : 31/01/2023 08:50:50 PM Cairo (31/01/2023 06:50:50 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: XSS28NFQ064YKDYNW8QJ4RG10

Proforma Invoice Number:

PO Reference:

SO Reference:

Recipients (To)

TaxPayer Name: شركة التجارى الدولى للتأمين على الحياة

Registration Number #200179713

قطعة تقسيم تقسيم 2 سيتي سنتر , 214 ,

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	870.0000	870.0000
				Total Sales (EGP)	870.0000
				Total discount (EGP)	0.0000
				Total Items Discount (EGP)	0.0000
				Extra Invoice Discounts (EGP)	0.0000
				Total Amount (EGP)	870.0000

Internal ID: CLM-23-00000022

Co-Signed By: مستشفى لايف انترناشيونال الحياة الت

PDF Timestamp: 23/5/23 01:55 PM UTC+02:00

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