

# 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 01:37:40 AM Cairo (30/04/2023 10:37:40 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: XVXKG22TFAHGASBSAZR35AZG10

Proforma Invoice Number:

PO Reference:

SO Reference:

## Recipients (To)

TaxPayer Name: شركة هليات

Registration Number #560181132

عمارة - شارع مركز المعلومات مربع 1154 - شيراتون هليوبوليس, 10

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	614.8000	614.8000
Total Sales (EGP)					614.8000
Total discount (EGP)					0.0000
Total Items Discount (EGP)					0.0000
Extra Invoice Discounts (EGP)					0.0000
<b>Total Amount (EGP)</b>					<b>614.8000</b>

Internal ID: CLM-23-00000161

Co-Signed By: مستشفى لايف انترناشيونال الحياة الت

PDF Timestamp: 3/5/23 10:42 AM UTC+02:00

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