

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 01:38:21 AM Cairo (30/04/2023 10:38:21 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: 26FCFWPV1RX2CBCCFZR35AZG10

Proforma Invoice Number:

PO Reference:

SO Reference:

Recipients (To)

شركة يوني كبر للرعاية الطبية

Registration Number #200203134

شارع النرجس من شارع الثورة - الدقي , 14/12 ,

الجيزة , 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	3,594.9927	3,594.9927
Total Sales (EGP)					3,594.9927
Total discount (EGP)					0.0000
Total Items Discount (EGP)					0.0000
Extra Invoice Discounts (EGP)					0.0000
Total Amount (EGP)					3,594.9927

Internal ID: CLM-23-00000139

Co-Signed By: مستشفى لايف انترناشيونال الحياة الت

PDF Timestamp: 3/5/23 10:31 AM UTC+02:00

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