

Invoice

Status: **Valid**

Submission Date : 01/05/2023 01:36:45 AM (30/04/2023 10:36:45 PM UTC)

Issuance Date : 01/05/2023 01:36:33 AM Cairo (30/04/2023 10:36:33 PM UTC)

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Issuer (From)

مستشفى لايف انتر ناسيونال

Registration Number #447597124

برج الشرطة القبلي طريق سوهاج نجع حمادي, 1 ,

Sohag, EG,

Taxpayer Activity Code:

8610



ID: GAD4J4XGTB8ZX472JHCZ4AZG10

Proforma Invoice Number:

PO Reference:

SO Reference:

Recipients (To)

شركة كير بلاس للرعاية الطبية

Registration Number #200227548

مصدق الدور الثامن شقة رقم 83, شارع ,

الدقي, 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	1,229.9995	1,229.9995
Total Sales (EGP)					1,229.9995
Total discount (EGP)					0.0000
Total Items Discount (EGP)					0.0000
Extra Invoice Discounts (EGP)					0.0000
Total Amount (EGP)					1,229.9995

Internal ID: CLM-23-00000136

Co-Signed By: مستشفى لايف انتر ناسيونال الجياه الت

PDF Timestamp: 3/5/23 10:30 AM UTC+02:00

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