

# 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 01:38:29 AM Cairo (30/04/2023 10:38:29 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: SYWPKEAWENX9416FFZR35AZG10

Proforma Invoice Number:

PO Reference:

SO Reference:

## Recipients (To)

TaxPayer Name: صحتك لادارة برامج الرعاية الصحية

Registration Number #636103684

الشركات - الاوبرا عابدين ميني ابغا فارما الدور 9, 9 شارع ,

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 | 3,564.4500       | 3,564.4500               |
| Total Sales (EGP)             |                             |                       |        |                  | 3,564.4500               |
| Total discount (EGP)          |                             |                       |        |                  | 0.0000                   |
| Total Items Discount (EGP)    |                             |                       |        |                  | 0.0000                   |
| Extra Invoice Discounts (EGP) |                             |                       |        |                  | 0.0000                   |
| <b>Total Amount (EGP)</b>     |                             |                       |        |                  | <b>3,564.4500</b>        |

Internal ID: CLM-23-00000134

Co-Signed By: مستشفى لايف انترناشيونال الحياة الت

PDF Timestamp: 3/5/23 10:25 AM UTC+02:00

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