

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 01:38:13 AM Cairo (30/04/2023 10:38:13 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: PWZ5JHNYEYZDE52MEZR35AZG10

Proforma Invoice Number:

PO Reference:

SO Reference:

Recipients (To)

شركة (Med Right) TaxPayer Name:

Registration Number #416224059

تقسيم الاسلكي - المعادي الجديد , ج 5 , ,

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	147,280.8200	147,280.8200
Total Sales (EGP)					147,280.8200
Total discount (EGP)					0.0000
Total Items Discount (EGP)					0.0000
Extra Invoice Discounts (EGP)					0.0000
Total Amount (EGP)					147,280.8200

Internal ID: CLM-23-00000145

Co-Signed By: مستشفى لايف انترناشيونال الحياة الت

PDF Timestamp: 3/5/23 10:33 AM UTC+02:00

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