

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 01:38:23 AM Cairo (30/04/2023 10:38:23 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: A8FGYFGK4YV25N9MFZR35AZG10

Proforma Invoice Number:

PO Reference:

SO Reference:

Recipients (To)

TaxPayer Name: شركة يوني ميد للخدمات الطبية

Registration Number #200162225

الاحرار من شارع الثورة - الدقي , 19 شارع ,

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	768.0000	768.0000
				Total Sales (EGP)	768.0000
				Total discount (EGP)	0.0000
				Total Items Discount (EGP)	0.0000
				Extra Invoice Discounts (EGP)	0.0000
				Total Amount (EGP)	768.0000

Internal ID: CLM-23-00000138

Co-Signed By: مستشفى لايف انترناشيونال الحياة الت

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

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