

Invoice

Status: Valid

Submission Date : 01/05/2023 01:39:11 AM (30/04/2023 10:39:11 PM UTC)

Issuance Date : 01/05/2023 01:36:59 AM Cairo (30/04/2023 10:36:59 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: 9AEX304C1E69C92492R35AZG10

Proforma Invoice Number:

PO Reference:

SO Reference:

Recipients (To)

شركة جلوب ميد مصر ... / بنك قطر الوطني الاهلي...م

Registration Number #204899052

المعادي, 75 شارع 15 , ,

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	330.0000	330.0000
				Total Sales (EGP)	330.0000
				Total discount (EGP)	0.0000
				Total Items Discount (EGP)	0.0000
				Extra Invoice Discounts (EGP)	0.0000
				Total Amount (EGP)	330.0000

Internal ID: CLM-23-00000181

Co-Signed By: مستشفى لايف انتر ناسيونال الحياة الت

PDF Timestamp: 3/5/23 10:47 AM UTC+02:00

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