

# 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 01:38:11 AM Cairo (30/04/2023 10:38:11 PM UTC)

For more details, please  
scan the QR code below

## Issuer (From)

مستشفى لايف انترناشيونال

Registration Number #447597124

برج الشرطة القبلي طريق سوهاج نجع حمادي, 1 ,

Sohag, EG,

Taxpayer Activity Code:

8610



ID: 23Y9T5FQJM56N7QREZR35AZG10

Proforma Invoice Number:

PO Reference:

SO Reference:

## Recipients (To)

TaxPayer Name: ( شركة وادي النيل للخدمات الطبية ) اللوسس

Registration Number #276533968

الشهيد علي صالح - الماطه - خلف السور جيت - مصر الجديدة , 28 شارع ,

القاهرة , EG,

| Code Name                     | Item Code                   | Description           | Qty.   | Unit Price (EGP) | Total Sales Amount (EGP) |
|-------------------------------|-----------------------------|-----------------------|--------|------------------|--------------------------|
| Insurance Claim               | EG-447597124-INSURANCECLAIM | مطالبة تعافدات لشهر 4 | 1.0000 | 56,268.5300      | 56,268.5300              |
| Total Sales (EGP)             |                             |                       |        |                  | 56,268.5300              |
| Total discount (EGP)          |                             |                       |        |                  | 0.0000                   |
| Total Items Discount (EGP)    |                             |                       |        |                  | 0.0000                   |
| Extra Invoice Discounts (EGP) |                             |                       |        |                  | 0.0000                   |
| <b>Total Amount (EGP)</b>     |                             |                       |        |                  | <b>56,268.5300</b>       |

Internal ID: CLM-23-00000146

Co-Signed By: مستشفى لايف انترناشيونال الجياه الت

PDF Timestamp: 3/5/23 10:34 AM UTC+02:00

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