

Invoice

Status: **Valid**

Submission Date : 31/01/2023 08:51:41 PM (31/01/2023 06:51:41 PM UTC)

Issuance Date : 31/01/2023 08:50:50 PM Cairo (31/01/2023 06:50:50 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: XSS28NFQ064YKDYNW8QJ4RG10

Proforma Invoice Number:

PO Reference:

SO Reference:

Recipients (To)

شركة التجارى الدولى للتأمين على الحياة

Registration Number #200179713

قطعة تقسيم تقسيم 2 سيتي سنتر , 214 , ,

القاهرة, EG,

| Code Name | Item Code | Description | Qty. | Unit Price (EGP) | Total Sales Amount (EGP) |
|-----------------|-----------------------------|-----------------------|--------|-------------------------------|--------------------------|
| Insurance Claim | EG-447597124-INSURANCECLAIM | مطالبة تعاقبات لشهر 1 | 1.0000 | 870.0000 | 870.0000 |
| | | | | Total Sales (EGP) | 870.0000 |
| | | | | Total discount (EGP) | 0.0000 |
| | | | | Total Items Discount (EGP) | 0.0000 |
| | | | | Extra Invoice Discounts (EGP) | 0.0000 |
| | | | | Total Amount (EGP) | 870.0000 |

Internal ID: CLM-23-00000022

Co-Signed By: مستشفى لايف انترناشيونال الحياة الت

PDF Timestamp: 23/5/23 01:56 PM UTC+02:00

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