

Invoice

Status: Valid

Submission Date : 31/01/2023 08:51:42 PM (31/01/2023 06:51:42 PM UTC)

Issuance Date : 31/01/2023 08:51:15 PM Cairo (31/01/2023 06:51:15 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: CSV4474104FYFJRZW8QJ4RG10

Proforma Invoice Number:

PO Reference:

SO Reference:

Recipients (To)

TaxPayer Name: شركة المصرية للأنصالات

Registration Number #100292895

رمسيس , 26 شارع , ,

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	24,039.2400	24,039.2400
Total Sales (EGP)					24,039.2400
Total discount (EGP)					0.0000
Total Items Discount (EGP)					0.0000
Extra Invoice Discounts (EGP)					0.0000
Total Amount (EGP)					24,039.2400

Internal ID: CLM-23-00000009

Co-Signed By: مستشفى لايف انترناشيونال الحياة الت

PDF Timestamp: 8/5/23 05:24 PM UTC+02:00

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