

# Invoice

Status: Valid

Submission Date : 28/02/2023 08:50:34 PM (28/02/2023 06:50:34 PM UTC)

Issuance Date : 28/02/2023 08:49:22 PM Cairo (28/02/2023 06:49:22 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: JKWNYKTGD0JKWXXRKMASNCTG10

Proforma Invoice Number:

PO Reference:

SO Reference:

## Recipients (To)

شركة كيو ان بي الاهلي لتأمينات الحياة QNB

Registration Number #200093762

ش جزيرة العرب ( المهندس محمد حسن حلمي ), 1, .

EG, قسم العجوزة

Code Name	Item Code	Description	Qty.	Unit Price (EGP)	Total Sales Amount (EGP)
Insurance Claim	EG-447597124-INSURANCECLAIM	مطالبة تعاقبات لشهر 2	1.0000	1,290.0000	1,290.0000
Total Sales (EGP)					1,290.0000
Total discount (EGP)					0.0000
Total Items Discount (EGP)					0.0000
Extra Invoice Discounts (EGP)					0.0000
<b>Total Amount (EGP)</b>					<b>1,290.0000</b>

Internal ID: CLM-23-00000075

Co-Signed By: مستشفى لايف انترناشيونال الحياة الت

PDF Timestamp: 1/6/23 03:09 PM UTC+02:00

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