

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 01:37:15 AM Cairo (30/04/2023 10:37:15 PM UTC)

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Issuer (From)

مستشفى لايف انترناشيونال

Registration Number #447597124

برج الشرطة القبلي طريق سوهاج نجع حمادي, 1 , ,

Sohag, EG,

Taxpayer Activity Code:

8610



ID: HAV6H35XVKPC9KN49ZR35AZG10

Proforma Invoice Number:

PO Reference:

SO Reference:

Recipients (To)

شركة جلوب ميد مصر ... / مصر للنامين...

Registration Number #200008404

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	6,051.2100	6,051.2100
Total Sales (EGP)					6,051.2100
Total discount (EGP)					0.0000
Total Items Discount (EGP)					0.0000
Extra Invoice Discounts (EGP)					0.0000
Total Amount (EGP)					6,051.2100

Internal ID: CLM-23-00000173

Co-Signed By: مستشفى لايف انترناشيونال الحياة الت

PDF Timestamp: 3/5/23 10:45 AM UTC+02:00

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