

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 01:38:19 AM Cairo (30/04/2023 10:38:19 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: VFT058757HCBSMC5FZR35AZG10

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 4	1.0000	34,267.3900	34,267.3900
Total Sales (EGP)					34,267.3900
Total discount (EGP)					0.0000
Total Items Discount (EGP)					0.0000
Extra Invoice Discounts (EGP)					0.0000
Total Amount (EGP)					34,267.3900

Internal ID: CLM-23-00000141

Co-Signed By: مستشفى لايف انترناشيونال الحياة الت

PDF Timestamp: 3/5/23 10:32 AM UTC+02:00

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