

JUMUIA HOSPITALS

Tax Invoice

Invoice Number : INV-2026-020

Date : 2026-01-30

Facility : Jumuia Nangina

Payment Point : Emergency

LINE ITEMS

1. Emergency assessment	KES 2,500
2. Trauma care	KES 8,000
3. Observation 4 hrs	KES 3,000

TOTAL AMOUNT KES 13,500

Reference: INV-2026-020