

JUMUIA HOSPITALS

Tax Invoice

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Invoice Number : INV-2026-016  
Date : 2026-02-07  
Facility : Jumuia Kikuyu  
Payment Point : Radiology  
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LINE ITEMS

1. Chest X-Ray	KES 1,500
2. Abdominal ultrasound	KES 3,500

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TOTAL AMOUNT KES 5,000  
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Reference: INV-2026-016