

JUMUIA HOSPITALS

Tax Invoice

Invoice Number : INV-2026-019

Date : 2026-02-01

Facility : Jumuia Turbo

Payment Point : Dental

LINE ITEMS

1. Dental examination	KES 800
-----------------------	---------

2. Tooth extraction	KES 2,500
---------------------	-----------

TOTAL AMOUNT KES 3,300

Reference: INV-2026-019