

JUMUIA HOSPITALS

Tax Invoice

Invoice Number : INV-2026-016

Date : 2026-02-07

Facility : Jumuia Kikuyu

Payment Point : Radiology

LINE ITEMS

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

TOTAL AMOUNT KES 5,000

Reference: INV-2026-016