SHECHEM COUNSELING CENTRE

INVOICE NO.

BILLED TO:

CELL:

DESCRIPTION

RATE

HOUR

PRICE

Session 1

TOTAL AMOUNT

AMOUNT DUE

PAYMENT DETAILS

Account Holder: E.C.SNELL Bank Name: Capitec Bank

Account Type: Savings Account

Account Nr 1175234247

Cell: 083 546 1701

eufemiasnell32@gmail.com

Thank you