

Medicus Health Center

INVOICE

Rruga Qemal Draçini, tek Shatërvani (is 5 Herojt), , Shkodër, Shqipëri - 4001

Bill To

Caf Raboshta

c.raboshta@gmail.com

0692938136

INV-01691
Invoice Date 10/02/2023
Due Date 10/02/2023
Due Amount 2000.00

Payment Method Cash

Status Paid

Item & description	Qty	Unit Cost	Tax	Price
PUNIM PROTEZE	1	2000		2000.00
			Sub Total	2000.00
			Tax	0.00
			Discount	0.00
			Total	2000.00
			Paid	

Customer Note

Terms & Conditions

Faleminderit që zgjodhët Medicus Health Center!