

INVOICE

INVOICE TO :

Spine Africa Association

Date :

29-

Invoice No :

##-00072938Fy

| Description | | Amount |
|---|--|------------------|
| Local Courier | | 6533.23 |
| Local Courier | | 6533.23 |
| Local Courier | | 6533.23 |
| Payment Method Bank Name : Discovery AccountNo: 865682000370 | | Sub-Total |
| | | 4033251.0 |
| | | Total |
| | | 501601 |

Terms and Conditions

Please send payment within 30 days of receiving this invoice. There will be 10% interest charge per month on late invoice.

Diluc Steiner

Administrator