



Netcare Garden City Hospital

# INVOICE

Invoice Date :

10-Dec-2021

Invoice NO : INUMB\_30047Jf

PO NO : 'PO No-93642

**Invoice to :**

Gemprint (Pty) Ltd

ITEM DESCRIPTION	PRICE
Event Photography	228.35
Magazine Design	228.35
Proposal Design	R70
Brochure Design	R50
Letterhead Design	R20
<b>TOTAL :</b>	<b>R218011</b>

**SEND PAYMENT TO**

Bank No: **573038000370**

Bank Name: **Capitec**

**CONTACT**

060 - -846-2306