

Netcare Garden City Hospital**INVOICE****Invoice :** INUMB_30047JF**Date:** 10-Dec-2021**TO:****Recipient Name :****Company Name :** Gemprint (Pty) Ltd

[Street Address]

[City, ST ZIP Code]

Phone: 060 - -846-2306

P.O. NUMBER	VAT NUMBER	TAX NUMBER
'PO No-93642	VAT ID: 68693	# 57496

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
489	Event Photography	R 228.35	R 7770.13

SUBTOTAL	R 4147304.0
TOTAL DUE	R 218011

Make all checks payable to [Netcare Garden City Hospital](#)