INVOICE

**INVOICE TO :**

Linyana Somacala Inc.

**Date :**

06-Apr-2020

**Invoice No :**

INVO: 021229Yw

**Payment Method**

Bank Name : ABSA AccountNo: 43571327

**Sub-Total Total**

**3025368.29**

**372910**

**Terms and Conditions**

7397.94

7397.94

7397.94

Formal Sit-Down Dinner

Formal Sit-Down Dinner

Formal Sit-Down Dinner

**Amount**

**Description**

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

**Diluc Steiner**

Administrator