INVOICE

**INVOICE TO :**

Spine Africa Association (Pty) Ltd

**Date :**

29-September-2023

**Invoice No :**

##-00072938Fy

**Payment Method**

Bank Name : Discovery AccountNo: 865682000370

**Sub-Total Total**

**4033251.0**

**501601**

**Terms and Conditions**

6533.23

6533.23

6533.23

Local Courier Service

Local Courier Service

Local Courier Service

**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