Medicross Healthcare Group (PTY) LTD

I N V O I C E

Invoice ID :

#NUMB- 0066887Xb

# INVOICE TO:

Africa Vessel Verification CC

060 - -730-6791

Gauteng,11 Westcliff Drive,7573

Africa Vessel Verification CC@gmail.com

PO Number:

## 00011933

**PRODUCT**

**UNIT PRICE**

**QTY**

**TOTAL**

Armed Security Guard

817.32

23

174345

# PAYMENT METHOD

SUB-TOTAL TOTAL

7719952.43

174345



Bank Name : Standard Bank

id Bank : 78171529

**TOTAL**

**174345**