



Invoice Date

3/8/2022

Physician Name

david

Facility Name

hospital 101

| S.No | Title | Description | Cost |
|------|--------------|-------------------------------------|-------|
| 1 | Hours Worked | The physician worked for 2.00 hours | 40.00 |
| 2 | Rental Car | Test | 20 |

Hours Worked receipt

Rental Car receipt