



**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