

**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	Hours Worked receipt	
Hours Worked receipt	Rental Car receipt	

Rental Car receipt	Rental Car receipt	