



1st Floor, Above SBI,
Shyam Swastik, Plot No 4, Sector 19, Ulwe
(+91) 8097090308 / 8097653705
hospitalfeenixx@gmail.com
www.feenixhospital.com

Invoice

Invoice Number	Date
FXH2023005	18-07-2023

Customer Information

Customer ID	Customer Name
LCT24609079	Shirin Ragbansingh

Invoice Details

Description	Unit Price
Advance Payment	1000

Payment Summary

Total:	1000
--------	------

Payment Details

Payment Method:	Cash
-----------------	------

For any inquiries or questions, please contact us at (+91) 8097090308 / 8097653705 or hospitalfeenixx@gmail.com.

Thank you !