

INVOICE

GLOBAL HEALTH WOMEN & CHILDREN HOSPITAL LTD,
P.O.Box 8234 Kampala Uganda,
procurement@globalhealthrescue.com,
+256701273341,+256785218461.



INVOICE No. 2024-07-31-1

PAYMENT STATUS: Not Paid

BILL TO

Kimberly Knapp,
Rerum aut consequat,
+1 (737) 303-2979, +1 (862) 901-6615.

DATE: 31st Jul 2024
UPDATED: 31st Jul 2024

SN.	SERVICE	DESCRIPTION	AMOUNT
1	Maternity	Test gloves x: Test gloves x: 2 x 100 = 200, Naproxen: 1 x 200 = 200, Test gloves x: 10 x 100 = 1,000	UGX 1,400.00
2	Maternity	Aspirin: Aspirin: 1 x 100 = 100	UGX 100.00
3	Immunisation	Insulin: Insulin: 5 x 750 = 3,750	UGX 3,750.00
		(Fee) FEE FOR TEST	UGX 1,000.00
		(Tax) 5% Tax	UGX 1,000.00
		SUBTOTAL	UGX 7,250.00
		(Discount) Returning customer	(UGX 250.00)
		TOTAL	UGX 7,000.00

NOTES:
Total Paid: UGX 0, Total Due: UGX 7,000.

Thank you.