

Invoice

Status: **Valid**

Submission Date : 16/09/2023 08:38:12 AM (16/09/2023 05:38:12 AM UTC)

Issuance Date : 16/09/2023 03:00:00 AM Cairo (16/09/2023 12:00:00 AM UTC)

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Issuer (From)

مستشفى الرعاية للخدمات الطبية

Registration Number #538562838

ش عبدالعزیزفهمی, 1 , ,
القاهرة الجديدة, EG,

Taxpayer Activity Code:

8610



ID: BW1WMAA4H33C49X5ZQ8Y7EAH10

Proforma Invoice Number:

PO Reference:

SO Reference:

Recipients (To)

TaxPayer Name: هانى فريد فريد مبرى منصور

National ID #26406018800130

, , NA, NA

NA, EG,

Code Name	Item Code	Description	Qty.	Unit Price (EGP)	Total Sales Amount (EGP)
Outpatient Department	EG-538562838-5751	العيادة الخارجية	1.00	40.00	40.00
				Total Sales (EGP)	40.00
				Total discount (EGP)	0.00
				Total Items Discount (EGP)	0.00
				Value added tax (EGP)	0.00
				Extra Invoice Discounts (EGP)	0.00
				Total Amount (EGP)	40.00

Internal ID: 297748

Co-Signed By: مستشفى الرعاية للخدمات الطبية

PDF Timestamp: 16/9/23 05:54 AM UTC+02:00

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