

Invoice

Status: Invalid

Submission Date : 14/09/2023 10:47:21 AM (14/09/2023 07:47:21 AM UTC)

Issuance Date : 14/09/2023 03:00:00 AM Cairo (14/09/2023 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: SY2YF7M4T874PAQEDB9HA9AH10

Proforma Invoice Number:

PO Reference:

SO Reference:

Recipients (To)

TaxPayer Name: وائل سليمان السيد احمد

National ID #24345656451245

, , 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	15.00	15.00
				Total Sales (EGP)	15.00
				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)	15.00

Internal ID: 297004

Co-Signed By: مستشفى الرعاية للخدمات الطبية

PDF Timestamp: 16/9/23 05:57 AM UTC+02:00

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