



## Dr. Amr Gafar

24 Ali Amin , Nasr City ,, 5th floor, Cairo, Egypt -

# INVOICE

Bill To

**Rasha mohamed**

01068501085@amrgafar.com

01068501085

#	INV-00253
Invoice Date	30-06-2022
Due Date	30-06-2022
Due Amount	£500.00
Payment Method	Cash payment
Status	Paid

Item & description	Qty	Unit Cost	Tax	Price
SESSION PACKAGE (1000 PULSES FOR 500 L.E) ??????? 175 ??? ???? 825 ??? ?????????	1	£500		£500.00

Sub Total **£500.00**

Tax **£0.00**

Discount **£0.00**

Paid **£**

**Total £500.00**

### Customer Note

It's great to work with you.

### Terms & Conditions

Please pay us your amount in 15 days. Otherwise 12% interest will be applied.