

## Dr. Amr Gafar

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

# **INVOICE**

Bill To

## **Eslam Mohamed**

01148893069@AMRGAFAR.COM 01148893069

INV-02573 Invoice Date 23-02-2023 Due Date 23-02-2023 £500.00 Due Amount Payment Method Cash payment Status

Paid

| Item & description | Qty | Unit Cost | Tax | Price   |
|--------------------|-----|-----------|-----|---------|
| session            | 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.