

## Dr. Amr Gafar

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

# **INVOICE**

Bill To

### **HODA AHMED**

01012273381@AMRGAFAR.COM 01012273381 Invoice Date
Due Date
Due Amount
Payment Method
Status

INV-00281 06-07-2022 06-07-2022 £500.00 Cash payment Paid

Item & description	Qty	Unit Cost	Tax	Price
PACKAGE1000PULSFOR500L.E ?? ???????135???? ??????865???? ?????????	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.  $\,$