

## Dr. Amr Gafar

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

# **INVOICE**

Bill To

## **Yasmeen Ahmed**

01018197740@amrgafar.com 01018197740

INV-04143 Invoice Date 12-09-2023 Due Date 12-09-2023 Due Amount Payment Method Cash payment Status

£0.00

Paid

| Item & description | Qty | Unit Cost | Tax | Price |
|--------------------|-----|-----------|-----|-------|
| session            | 1   | £00       |     | £0.00 |

| Sub Total | £0.03 |
|-----------|-------|
| Tax       | £0.00 |
| Discount  | £0.00 |
| Paid      | £     |
| Total     | £0.00 |

### **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.