

## Dr. Amr Gafar

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

# **INVOICE**

Bill To

## **Saly Mohamed**

01151944017@amrgafar.com 01151944017 Invoice Date
Due Date
Due Amount
Payment Method
Status

INV-00450 06-08-2022 06-08-2022 £0.00 Cash payment Paid

Item & description	Qty	Unit Cost	Tax	Price
session ????? 487 ???? ???????? ?? ??? 1000	1	£00		£0.00

Sub Total	£0.00
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.  $\,$