

## Dr. Amr Gafar

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

# **INVOICE**

Bill To

## **Hoda Saad**

hodasaad492014@gmail.com 01029193371 Invoice Date
Due Date
Due Amount
Payment Method
Status

INV-04600 16-11-2023 16-11-2023 £900.00 Cash payment Paid

| Item & description | Qty | Unit Cost | Tax | Price   |
|--------------------|-----|-----------|-----|---------|
| session            | 1   | £900      |     | £900.00 |

| Sub Total | £900.00 |  |
|-----------|---------|--|
| Tax       | £0.00   |  |
| Discount  | £0.00   |  |
| Paid      | £       |  |
| Total     | £900.00 |  |

### **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.