



## Dr. Amr Gafar

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

# INVOICE

Bill To

**hend saeed seliman**

01111126625@amrgafar.com

01111126625

|                |              |
|----------------|--------------|
| #              | INV-04959    |
| Invoice Date   | 03-01-2024   |
| Due Date       | 03-01-2024   |
| Due Amount     | £1200.00     |
| Payment Method | Cash payment |
| Status         | Paid         |

| Item & description | Qty | Unit Cost | Tax | Price    |
|--------------------|-----|-----------|-----|----------|
| session            | 1   | £1200     |     | £1200.00 |

Sub Total **£1200.00**

Tax **£0.00**

Discount **£0.00**

Paid **£**

**Total £1200.00**

### 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.