



## Dr. Amr Gafar

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

# INVOICE

Bill To

**hoda gamal**

01129529500@amrgafar.com

01129529500

|                |              |
|----------------|--------------|
| #              | INV-06816    |
| Invoice Date   | 28-09-2024   |
| Due Date       | 28-09-2024   |
| Due Amount     | £2500.00     |
| Payment Method | Cash payment |
| Status         | Paid         |

| Item & description   | Qty | Unit Cost | Tax | Price    |
|----------------------|-----|-----------|-----|----------|
| session<br>full body | 1   | £2500     |     | £2500.00 |

Sub Total **£2500.00**

Tax **£0.00**

Discount **£0.00**

Paid **£**

**Total £2500.00**

### 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.