

Cash Invoice

Inv.No : _____ **Inv. Date :** _____ **Inv.Time :** _____ **Page 1 of 1**

MRN. : 18884
Name : Farah Mohamed Ali Almulla
Coverage Co. : _____
Class : 0,

Ward : Sixth Floor Standard
Room : 605-1
Physician Name : Dr Maasoumah Makhseed
Admission no : 1
Admission Date : 26/12/2021 **Time:** 21:44
Discharge Date : 27/12/2021 **Time:** 01:07

Date	Code	Description	Qty	Unit Price	Total
Package Item					
26/12/2021	OBY-P0014	E & C	1	225.000	225.000
*** TOTAL ***				225.000	225.000
*** TOTAL ***				225.000	225.000
*** INVOICE TOTAL ***				25.000	
*** DEPOSIT ***		200.000	***DISCOUNT ***		0.000
			*** PAYMENT ***		0.000

Cashier : El Sayed Soliman Soliman

Fund : _____