

DR SMILE

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NIF **B88481924**

Date **2022/02/07**

Client **10001**

Invoice **22-01-10001**

Invoice No. 22-01-10001

Pos	Art.-no.	Description	Qty	Amount
1	Scan Rental	Date of service: 08/09/2021 – 08/10/2021 08/10/2021 – 08/11/2021 08/11/2021 – 08/12/2021 08/12/2021 – 08/01/2022 08/01/2021 – 08/02/2022	1	500.00 € 500.00 € 500.00 € 500.00 € 500.00 €

Subtotal	€ 2 500.00
IVA	€ 0.00
TOTAL	€ 2 500.00

PAGO POR TRANSFERENCIA