

Sensorial Life Academy

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Invoice

Invoice To :

Test

Date :02/06/2024	Invoice No : 530	Student No :2706	Total Due :100.000
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Payments

Due Date	Amount	Status	Payment Date	Receipt No
02/06/2024	50.000	Paid		

I agree that I am personally liable for payment of the following
Statement and if the person company and association indicated by
Se as being responsible for payment of the same does not do so.
That my liability for such payment shall be joint and several with
Such person , company or association.

Thank You.

Eng. Bara' Sbeih