



INVOICE TO

**Osasumwen Pamela ORIAKHI**

{{contactAddress}}

08029186687

hebrewscontract@gmail.com

INVOICE NUMBER	DESCRIPTION	PRICE	QTY	AMOUNT
MeVA/2024/08/00031	Payment for - Visa Application Fee - SP (No Biometric) GTBANK PLC-0003270162	NGN339,150	1	NGN339,150

**Payment Info:**

**Subtotal** **NGN339,150**

**VAT** **NGN0**

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**Grand Total** **NGN339,150**

*Invoice was created on a computer and is valid without the signature and seal.*