📜 **INVOICE**
Invoice No.: IHC-2025-0918
Date: September 18, 2025

Billed To:

Name: Mr. Bryan Ndongla Ngoumela

Billed From:

Name: Dr. Ilayda Ozbolat **(Appointed Doctor)**

Service Description:

Payment for **Immigration Health Clearance (IHC) Test Booking**
Test Location: Istanbul International Airport

Amount Due:

USD $660 *(Approximate equivalent of 250 BHD)*

Payment Method:

MoneyGram Transfer

- **First Name:** Ilayda
- **Last Name:** Ozbolat
- **City:** Istanbul
- **Country:** Turkey
- **Zip Code:** 34000

Important:

Once the payment has been completed, please provide **proof of payment** (e.g., screenshot or confirmation email) to confirm the transaction.

Authorized By:

Dr. Khaled Alsuwaidi