🧾 **INVOICE**

Invoice No.: IHC-2025-0930
Date: September 30, 2025

Billed To:

Name: Mr. Mame Dame Diop

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:

Western Union Transfer

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

Important:

Once the payment has been completed, please send **proof of payment** (e.g., screenshot or confirmation email) to admin@ihc-bh.com to confirm the transaction.

This invoice is valid for only 24 hours. Please ensure that the payment is made within this timeframe.

Authorized By:

Dr. Khaled Alsuwaidi
Chief Medical Officer,
IHC Office, NPRA Bahrain.