新大阪うつ病回復センター

+81 70-5667-8678

Invoice

Invoice number 41920E3D-0001
Date of issue Oct 15, 2021
Date due Oct 29, 2021

Bill to
木村真理

¥540,000 due October 29, 2021

Description	Qty	Unit price	Amount
再発防止180日プラン　ファミリー　モニター	1	¥540,000	¥540,000
		Subtotal	¥540,000
		Amount due	¥540,000

Pay ¥540,000 with card

Visit https://invoice.stripe.com/i/acct_1I4FN9GjzOYCmWMt/live_YWNjdF8xSTRGTjlHanpPWUNtV010LF9LUGJCSWVCNmZUOElQTlZKSk9GWk5QU2l1SVp5WHNZ0100Ph55P4hl