



INVOICE

Lagos, Nigeria
info@speechhubsservices.com

BILL TO
Friday

Invoice Date: 2025-06-29
Due Date: 2025-06-03
Invoice ID: SHS196828

Description	Qty	Rate	Amount
Developmental Assessment	1	N 30,000.00	N 30,000.00
GO	3	N 0.00	N 0.00
Total Balance			N 30,000.00

Thank you for entrusting your child with us!

Kindly pay into the account below:

Account No: 1026772746

Account Name: Speech Hub Services

Bank Name: United Bank of Africa (UBA)