

BILLING ADDRESS
Name: OMAR ALSAYEDAHMED
Phone Number :
Bill Ref : HV1393
Date : 30-09-2026

عنوان المستلم
OMAR ALSAYEDAHMED: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
OMAR ALSAYEDAHMED	2	20-07-2024	27-07-2024	كوالا لنكاوي	Nights: 7 CAPRI BY FRASER	DELU XE	1	0	\$ 500	\$ 1000
					TOTAL			\$ 1000		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 1000		