

BILLING ADDRESS
Name: SAJJAD JAAFAR
Phone Number :
Bill Ref : HV4060
Date : 30-09-2026

عنوان المستلم
SAJJAD JAAFAR: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
SAJJAD JAAFAR	2	13-09-2025	23-09-2025	برنامج تايلند	Nights: 10 ROYAL BENJA HOTEL	Deluxe	1	0	\$ 550	\$ 1100
TOTAL									\$ 1100	
PAYMENT									\$ 0	
OUTSTANDING									\$ 1100	