

BILLING ADDRESS
Name: DLSHAD MAJEED
Phone Number :
Bill Ref : HV4681
Date : 01-10-2026

عنوان المستلم
DLSHAD MAJEED: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
DLSHAD MAJEED	3	30-12-2025	06-01-2026		Nights: 7 ROYAL BENJA	TRIPL E	1	0	\$ 625	\$ 1875
						TOTAL			\$ 1875	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1875	