BILLING ADDRESS
Name: DLSHAD MAJEED
Phone Number :
Bill Ref : HV4681
Date : 29-11-2026

عنوان المستلم
الاسم:DLSHAD MAJEED

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	TRIPLE	1	0	$ 625	$ 1875
								TOTAL		$ 1875
								PAYMENT		$ 0
								OUTSTANDING		$ 1875