

BILLING ADDRESS
Name: RAED AALADULLAH
Phone Number :
Bill Ref : HV4724
Date : 29-09-2026

عنوان المستلم
RAED AALADULLAH: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
RAED AALADULLAH	2	28-12-2025	06-01-2026	برنامج تايلند	Nights: 9 AMBASSADOR	DELU XE	1	0	\$ 650	\$ 1300
						TOTAL			\$ 1300	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1300	