

BILLING ADDRESS
Name: RIDHA MOHAMMED
Phone Number :
Bill Ref : HV4749
Date : 30-09-2026

عنوان المستلم
RIDHA MOHAMMED: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
RIDHA MOHAMMED	2	10-01-2026	18-01-2026	BGK PHU	Nights: 8 ROYAL BENJA	DELU XE	1	0	\$ 550	\$ 1100
						TOTAL			\$ 1100	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1100	