

BILLING ADDRESS
Name: SALAH JABER
Phone Number :
Bill Ref : HV4944
Date : 01-10-2026

عنوان المستلم
SALAH JABER: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
SALAH JABER	1	23-02-2026	03-03-2026	BGK PHU	Nights: 8 ROYAL BENJA	SINGL E	1	0	\$ 825	\$ 825
						TOTAL			\$ 825	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 825	