

BILLING ADDRESS
Name: RABAH HACHANI
Phone Number :
Bill Ref : HV3710
Date : 01-08-2026

عنوان المستلم
RABAH HACHANI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
RABAH HACHANI	2	23-06-2019	01-07-2019	برنامج اور	Nights: 8 FURAMA HOTEL	Studio	1	0	\$ 360	\$ 720
						TOTAL			\$ 720	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 720	