

BILLING ADDRESS
Name: MOKRANE MUSTAPHA
Phone Number :
Bill Ref : HV175
Date : 30-07-2026

عنوان المستلم
MOKRANE MUSTAPHA: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
MOKRANE MUSTAPHA	3	10-08-2017	20-08-2017	كوالا لنكاوي	Nights: 10 FURAMA HOTEL	Studio	1	1	\$ 350	\$ 1050
						TOTAL			\$ 1050	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1050	