

BILLING ADDRESS
Name: SALAM ALAMEEN
Phone Number :
Bill Ref : HV4069
Date : 30-09-2026

عنوان المستلم
SALAM ALAMEEN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
SALAM ALAMEEN	1	12-08-2019	19-08-2019	كوالا فقط	Nights: 7 FURAMA HOTEL	Studio	1	0	\$ 415	\$ 415
						TOTAL			\$ 415	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 415	