

BILLING ADDRESS
Name: ZAID SAGBAN
Phone Number :
Bill Ref : HV4117
Date : 30-09-2026

عنوان المستلم
ZAID SAGBAN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ZAID SAGBAN	1	17-08-2019	25-08-2019	برنامج مدعووم	Nights: 8 FURAMA HOTEL	Studio	1	0	\$ 525	\$ 525
						TOTAL			\$ 525	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 525	