

BILLING ADDRESS
Name: test2
Phone Number : 855555
Bill Ref : HV1123
Date : 01-10-2026

عنوان المستلم
الاسم: test2

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
test2	1	12-06-2024	14-06-2024		Nights: 2 FURAMA HOTEL	Studio	1	0	\$ 20	\$ 20
yyy	1								\$ 10	\$ 10
					TOTAL		\$ 30			
					PAYMENT		\$ 0			
					OUTSTANDING		\$ 30			