

BILLING ADDRESS
Name: AHMED ALWAFI
Phone Number :
Bill Ref : HV1214
Date : 02-10-2026

عنوان المستلم
AHMED ALWAFI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
AHMED ALWAFI	2	15-06-2024	24-06-2024	كوالا بالي	Nights: 9 CAPRI HOTEL	STUDIO	1	0	\$ 985	\$ 1970
						TOTAL			\$ 1970	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1970	