

BILLING ADDRESS
Name: SEAD DAKHLALL
Phone Number :
Bill Ref : HV1246
Date : 31-07-2026

عنوان المستلم
SEAD DAKHLALL: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
SEAD DAKHLALL	2	20-06-2024	27-06-2024	كوالا لنكاوي	Nights: 7 CAPRI BY FRASER	DELU XE	1	0	\$ 500	\$ 1000
						TOTAL			\$ 1000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1000	