

BILLING ADDRESS
Name: MOHAMMAD ALSHARKAWI
Phone Number :
Bill Ref : HV1262
Date : 03-10-2026

عنوان المستلم
MOHAMMAD ALSHARKAWI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
MOHAMMAD ALSHARKAWI	2	27-06-2024	04-07-2024	كوالا بالي	Nights: 7 CAPRI BY FRASER	DELU XE	1	0	\$ 500	\$ 1000
					TOTAL			\$ 1000		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 1000		