

BILLING ADDRESS
Name: EMAD KHALEEL
Phone Number :
Bill Ref : HV1391
Date : 01-10-2026

عنوان المستلم
EMAD KHALEEL: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
EMAD KHALEEL	2	17-07-2024	26-07-2024	كوالا لنكاوي	Nights: 9 CAPRI BY FRASER	DELU XE	1	0	\$ 500	\$ 1000
						TOTAL			\$ 1000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1000	