

BILLING ADDRESS  
Name: OMAR ALSAYEDAHMED  
Phone Number :  
Bill Ref : HV1393  
Date : 31-07-2026

عنوان المستلم  
OMAR ALSAYEDAHMED: الاسم

## Invoice / فاتورة

| Name                 | Adult | Checkin    | Checkout   | Package      | Hotel                           | R-<br>Type  | R-<br>Qty | Extra<br>bed | Fees    | Total   |
|----------------------|-------|------------|------------|--------------|---------------------------------|-------------|-----------|--------------|---------|---------|
| OMAR<br>ALSAYEDAHMED | 2     | 20-07-2024 | 27-07-2024 | كوالا لنكاوي | Nights: 7<br>CAPRI BY<br>FRASER | DELU<br>XE  | 1         | 0            | \$ 500  | \$ 1000 |
|                      |       |            |            |              |                                 | TOTAL       |           |              | \$ 1000 |         |
|                      |       |            |            |              |                                 | PAYMENT     |           |              | \$ 0    |         |
|                      |       |            |            |              |                                 | OUTSTANDING |           |              | \$ 1000 |         |