

BILLING ADDRESS  
Name: LAYTH AL CHAABAWI  
Phone Number :  
Bill Ref : HV4516  
Date : 31-07-2026

عنوان المستلم  
LAYTH AL CHAABAWI: الاسم

## Invoice / فاتورة

| Name              | Adult | Checkin    | Checkout   | Package       | Hotel                    | R-<br>Type  | R-<br>Qty | Extra<br>bed | Fees   | Total  |
|-------------------|-------|------------|------------|---------------|--------------------------|-------------|-----------|--------------|--------|--------|
| LAYTH AL CHAABAWI | 1     | 12-11-2025 | 20-11-2025 | برنامج تايلند | Nights: 8<br>ROYAL BENJA | DELU<br>XE  | 1         | 0            | \$ 775 | \$ 775 |
|                   |       |            |            |               |                          | TOTAL       |           |              | \$ 775 |        |
|                   |       |            |            |               |                          | PAYMENT     |           |              | \$ 0   |        |
|                   |       |            |            |               |                          | OUTSTANDING |           |              | \$ 775 |        |