

BILLING ADDRESS
Name: FARIS HAMEEDI
Phone Number :
Bill Ref : HV4799
Date : 30-09-2026

عنوان المستلم
FARIS HAMEEDI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
FARIS HAMEEDI	2	06-01-2026	17-01-2026	BGK PHU	Nights: 11 AMBASSADOR	DOUB LE	1	0	\$ 700	\$ 1400
						TOTAL			\$ 1400	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1400	