

BILLING ADDRESS  
Name: AMMAR AL JAWHARY  
Phone Number :  
Bill Ref : HV4904  
Date : 01-08-2026

عنوان المستلم  
AMMAR AL JAWHARY: الاسم

## Invoice / فاتورة

| Name             | Adult | Checkin    | Checkout   | Package     | Hotel                    | R-<br>Type  | R-<br>Qty | Extra<br>bed | Fees    | Total   |
|------------------|-------|------------|------------|-------------|--------------------------|-------------|-----------|--------------|---------|---------|
| AMMAR AL JAWHARY | 2     | 24-01-2026 | 31-01-2026 | BGK<br>ONLY | Nights: 7<br>ROYAL BENJA | DELU<br>X   | 1         | 0            | \$ 500  | \$ 1000 |
|                  |       |            |            |             |                          | TOTAL       |           |              | \$ 1000 |         |
|                  |       |            |            |             |                          | PAYMENT     |           |              | \$ 0    |         |
|                  |       |            |            |             |                          | OUTSTANDING |           |              | \$ 1000 |         |