

BILLING ADDRESS
Name: FALAH HAMEED
Phone Number :
Bill Ref : HV2801
Date : 29-09-2026

عنوان المستلم
FALAH HAMEED: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
FALAH HAMEED	2	25-11-2018	03-12-2018	برنامج الوالديف	Nights: 8 adaaran club rannalhi	STUDI O	1	0	\$ 1130	\$ 2260
TOTAL									\$ 2260	
PAYMENT									\$ 0	
OUTSTANDING									\$ 2260	