

BILLING ADDRESS
Name: AMJED ALSUDANI
Phone Number :
Bill Ref : HV2989
Date : 30-09-2026

عنوان المستلم
AMJED ALSUDANI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
AMJED ALSUDANI	2	26-12-2018	01-01-2019	برنامج مدعووم	Nights: 6 FURAMA HOTEL	Studio	1	0	\$ 300	\$ 600
						TOTAL			\$ 600	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 600	