

BILLING ADDRESS
Name: Mohammed Albehadili
Phone Number :
Bill Ref : HV3917
Date : 03-10-2026

عنوان المستلم
Mohammed Albehadili: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
Mohammed Albehadili	1	27-07-2019	04-08-2019	برنامج اور	Nights: 8 FURAMA HOTEL	Studio	1	0	\$ 550	\$ 550
						TOTAL			\$ 550	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 550	