

BILLING ADDRESS
Name: ZEAD ALMAFRACHI
Phone Number :
Bill Ref : HV4306
Date : 30-09-2026

عنوان المستلم
ZEAD ALMAFRACHI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ZEAD ALMAFRACHI	4	15-09-2019	22-09-2019	برنامج مدعووم	Nights: 7 FURAMA HOTEL	Studio	2	0	\$ 300	\$ 1200
						TOTAL			\$ 1200	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1200	