

BILLING ADDRESS
Name: FADHIL RAFEA
Phone Number :
Bill Ref : HV4612
Date : 01-10-2026

عنوان المستلم
FADHIL RAFEA: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
FADHIL RAFEA	6	28-12-2019	05-01-2020	كوالا سنغافورة	Nights: 8 Select Hotel	Studio	0	0	\$ 1150	\$ 6900
						TOTAL			\$ 6900	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 6900	