

BILLING ADDRESS
Name: LAFANE MOULOU
Phone Number :
Bill Ref : HV4677
Date : 01-10-2026

عنوان المستلم
LAFANE MOULOU: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
LAFANE MOULOU	2	19-12-2019	01-01-2020	برنامج اور + بينانك	Nights: 13 FURAMA HOTEL	Studio	1	0	\$ 500	\$ 1000
						TOTAL			\$ 1000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1000	