

BILLING ADDRESS
Name: NOOR/ SAWSAN
Phone Number :
Bill Ref : HV5345
Date : 29-09-2026

عنوان المستلم
NOOR/ SAWSAN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
NOOR/ SAWSAN	2	03-07-2022	11-07-2022	برنامج سيرلانكا	Nights: 8 FURAMA HOTEL	Studio	1	0	\$ 475	\$ 950
						TOTAL			\$ 950	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 950	