

## VOUCHER

Please provide the following services to the client(s)/group as name below:

Guest Names: **Room 1 - Mr.MICHAEL OLFINDO (Holder)**,Mr.JAY KENNETH  
EVANGELISTA,Mr.ALBERT EDULAN,Mr.JOEL YONG  
No. of Guests: 4 (4 adults)  
Hotel: TIME CRYSTAL HOTEL APARTMENTS  
Hotel Stars: N/A  
Address: PO Box 283439, Barsha Heights, Dubai, United Arab Emirates , DU  
Contact Tel.  
No.:  
Date of Arrival: 30.12.2018  
Date of  
Departure: 04.01.2019  
Nr. Nights: 5  
Booking  
reference : **189752**  
Secondary  
reference : 245289H20181027  
Room Type: 2 BEDROOM APARTMENT  
Meal Basis: RO  
Special  
notes/remarks : HCN: 19098219MR. MOHAMMAD -- RESERVATIONS

### BOOKED AND PAYABLE THROUGH SMILE HOLIDAYS

Smile Holidays will be responsible for payment of the services mentioned here in only. All extras must be paid directly by the clients unless confirmed and authorised in writing by Smile Holidays will not be liable for client(s) failing to pay for additional services not previous confirmed or stated here in, nor can Smile Holidays undertake responsibility for future collections of clients outstanding amounts.

### PROVIDER INFORMATION

### SUPPLIER INFORMATION

Tourism Dirham or Any City Tax to be paid by the Guest Direct upon check in to the hotel

Please note that separate taxes might be charged to the customer upon arrival. These taxes are not included in the room rates

### POLICIES

Last day to cancel the reservation with no penalty is 2018-12-12 23:59:59