Tel: (808) 593-7488 / Fax: (808) 593-9488 / Toll Free: 1-888-593-7488 250 Ward Ave. Suite #217 Honolulu. Hawaii 96814

Date: / /	Paid by Check #:	Price:	Invoice #:	Tickets Issued:
Date: / /	Paid by Check #:	Price:	Invoice #:	Tickets Issued:
*****	Date Received:///	Check #: Date Received: ***********************************	Amount Received \$ Check #: Date Received: /	Cash *
SS#	Exp. Date:/		harged \$ Credit Card #:	Credit Card Charged \$
NON-CHANGEABLE ONE WEEK *****	S ARE NON-REFUNDABLE & NON-CHANGEABLE MUST BE RECEIVED WITHIN ONE WEEK ***********************************	、及更改 / ALL SUBJECT 款項 / ALL PAYMENT **********************************	所有機票 (包含島內機票),一旦出票,恕不退款及更改 / ALL SUBJECTS ARE NON-REFUNDABLE & NON-C 所有機票款項,請於開票後一週內結清款項 / ALL PAYMENT MUST BE RECEIVED WITHIN ONE V ************************************	所有機票 (所 所
Due: \$ 1/1/0	_ ~~ 總金額 Total Amount Due: \$			
		A	46 × 1985 #	403N (A)
		& 費用:		旅遊項目 & 費用:
* * * * * * *	***********	******************	* * * * *	**************************************
Paid CK #)	_ / / CMF#: 人房)	(Date:// ~ 雙人房	酒店 Hotel:(電人房 Number of Room Occupied: (單人房	酒店 Hotel: 屋間數 Number o
Paid CK #)	1 1		Janes Holot	酒店 Hotel:
Paid CK #	\& / >0 / \z' CMF#:	(Date: ハタ / メヤイ / ユネ゚~ ハ	SANDS HOTEL SIRBNO	洒店 Hotel:/a)#テテヒ
: 10 AM / PM : 33 AM / PM	_ 抵達時間 Arr. Time: 離境時間 Dep. Time:\∂	抵達航班: Arr. Flight:	12 / 27 / 13' 12 / 30 / 13'	抵達日期Arr. Date: _ 離境日期Dep. Date: _
嬰兒 Infant		x 大人 Adult	Name: (ARO HANKUN	客人姓名 Guest Name:
ORDER # 80579	1 Address:		boo 傳真 Fax #	電話 Phone #:
日期 Date: /シ / /8 / /ミ	岑 /0b	計位人 Agent Name:	苯则 一	落戶名 Agency:
	arvan 10017	ne #41/ Honoinia, Ha	230 Walance Same	