

Invoice # 7753

Tel: (808) 593-7488 / Fax: (808) 593-9488 / Toll Free: 1-888-593-7488

250 Ward Ave. Suite #217 Honolulu, Hawaii 96814

Date: 1 / 3 / 14

ORDER # 81649

客人姓名 Guest Name: Li Jin Zhen x 3 大人 Adult x 3 小孩 Child x 3 嬰兒 Infant

抵達日期	Arr. Date:	<u>1</u> / <u>30</u> / <u>14</u>	抵達航班	Arr. Flight:	<u>A561</u>	抵達時間	Arr. Time:	<u>15</u> : <u>00</u>	AM / <u>PM</u>
離境日期	Dep. Date:	<u>2</u> / <u>3</u> / <u>14</u>	離境航班	Dep. Flight:	<u>N41041</u>	離境時間	Dep. Time:	<u>10</u> : <u>46</u>	<u>AM</u> / PM

酒店 Hotel: Swiss Hotel <1844> (Date: 1 / 30 / 14 ~ 2 / 3 / 14 CMF#: _____ Paid CK # _____)

酒店 Hotel: _____ (Date: ____ / ____ / ____ ~ ____ / ____ / ____ CME#: _____ Paid CK # _____)

酒店 Hotel: _____ (Date: ____ / ____ / ____ ~ ____ / ____ / ____ CME#: _____ Paid CK # _____)

房間數 Number of Room Occupied: 1 (單人房 雙人房 1 三人房)

旅遊項目&費用: 旅遊項目&費用:

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Total Amount Due: \$ 1320

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-CHANGEABLE

**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 WEEK**

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Credit Card Charged \$ \_\_\_\_\_ Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SS# \_\_\_\_\_

|                |                    |          |                |     |  |
|----------------|--------------------|----------|----------------|-----|--|
| <u>Check</u>   | Amount Received \$ |          |                |     |  |
| <u>N Check</u> |                    | Check #: | Date Received: | / / |  |

|             |                    |                |
|-------------|--------------------|----------------|
| <u>Cash</u> | Amount Received \$ | Date Received: |
|             |                    | / /            |

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|                 |            |        |                  |       |
|-----------------|------------|--------|------------------|-------|
| Tickets Issued: | Invoice #: | Price: | Paid by Check #: | Date: |
|                 |            |        |                  | / /   |

|                 |            |        |                  |       |   |   |
|-----------------|------------|--------|------------------|-------|---|---|
| Tickets Issued: | Invoice #: | Price: | Paid by Check #: | Date: | / | / |
|-----------------|------------|--------|------------------|-------|---|---|