

文景假期

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BILL TO:test

Company:

Address:

Phone:

Email:

Invoice No:test

PNR:

Booking Date:2015-08-25

The Ticket Item Information

Airline

TicketNo

Charge

Selling

0.00

0.00

Remarks:

Contact Name: test

Payment Method:

Charge Amount: 0.00

Selling Amount: 0.00

Balance 0.00

Please inspect this invoice carefully ; our company will not be responsible for any errors after 2 business days.

Thank you for choosing

