Slanda Inc.

Invoice

Order Number:	**INV-95181**	Order Name:	**test**
Invoice Date:	2023-03-06 18:05:58	Order Email:	test
Balance Due:	$0	Check-in Date:	2023/03/6

Item	Description	Unit Cost	Duration (day)	Line Total
TR1	Standard Room	$NaN	0	$NaN
		Subtotal		$0
		Paid To Date		**$0**

Please show this payment receipt to the receptionist when you arrive according to Check-in date. Thank you for your business.