## **Company Logo**

Your Company Name 1234 Street Address City, State, ZIP Phone: (123) 456-7890

Email: info@yourcompany.com

## **Booking Report**

Generated on: 2024-10-10 20:14:31

I D	Room	Name	Email	Check-I n Date	Check-Ou t Date		Paymen t Status
20	Ikambere Rooms	John Doe	john@test.com	2024-10-10	2024-10-11	Pending	Pending