

**Store 1**

Address:

Email:

Tele No:

## Reservation Report

**Resv. Id:** resv202109-10**Agent Name:** Mizan**Company Name:** Mizan Enterprise**Status:** Reserved**Number of Adult:****BookedBy:** Admin**Number of Child:****Confirmation:** Not Confirmed**Resv. Date:** 16-09-2021 04:39:22pm**Guest Information:**

SI	Name	Email	Mobile No.	Country	Identity Type	Identity Number
1	New Vendor	New Vendor	3123413	Afghanistan	NID	

**Reservation Information:**

SI	Rooms/Bed	Room Type	Qty	From	Total Night	To	Rent	Amount	Tax	Total Amount
1	Room	2 Bed	1	16-09-2021	1	17-09-2021	100	100	22.5	122.5
		<b>Total Room/Bed:</b>	1	<b>Total Night:</b>	1			<b>Total Amount</b>	<b>100</b>	<b>122.5</b>
								<b>Sub Total</b>	<b>100</b>	
								<b>Tax</b>	<b>22.5</b>	
								<b>Grand Total</b>	<b>122.5</b>	

**Facility:**

SI	Date	Facility Name	Qty	Amount	Free/Cost	Total Amount
No Facility Found						
						<b>Total Facility Amount</b> 0

	<b>Total Bill</b>	<b>122.5</b>
	<b>Discount/Commission</b>	<b>100</b>
	<b>Advance</b>	<b>200</b>
	<b>Total Due</b>	<b>-177.5</b>