

BILLING ADDRESS
Name: MOHAMMED ALBAHRANI
Phone Number :
Bill Ref : HV6859
Date : 30-09-2026

عنوان المستلم
MOHAMMED ALBAHRANI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHAMMED ALBAHRANI	2	26-11-2023	06-12-2023	كوالا بالي	Nights: 10 BERJAYA TIME SQUARE	Studio	1	0	\$ 1150	\$ 2300
						TOTAL			\$ 2300	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2300	