

BILLING ADDRESS
Name: HUSSEIN HAMAD
Phone Number :
Bill Ref : HV1071
Date : 02-08-2026

عنوان المستلم
HUSSEIN HAMAD: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
HUSSEIN HAMAD	2	16-06-2024	24-06-2024	كوالا وبالي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 950	\$ 1900
						TOTAL			\$ 1900	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1900	