

BILLING ADDRESS
Name: MOHAMMED ALALOOSI
Phone Number :
Bill Ref : HV1185
Date : 02-10-2026

عنوان المستلم
MOHAMMED ALALOOSI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHAMMED ALALOOSI	2	28-06-2024	06-07-2024	كوالالينكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1140	\$ 2280
						TOTAL			\$ 2280	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2280	