

BILLING ADDRESS
Name: MOHAMMED ISMAEL
Phone Number :
Bill Ref : HV1457
Date : 02-10-2026

عنوان المستلم
MOHAMMED ISMAEL: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHAMMED ISMAEL	1	26-07-2024	03-08-2024	كوالا بالي سنكل	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 750	\$ 750
						TOTAL			\$ 750	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 750	