

BILLING ADDRESS
Name: BURQA AL HEBESH
Phone Number :
Bill Ref : HV2440
Date : 01-08-2026

عنوان المستلم
BURQA AL HEBESH: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
BURQA AL HEBESH	2	08-01-2025	16-01-2025	فيلا تاياند	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 60	\$ 120
						TOTAL			\$ 120	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 120	