

BILLING ADDRESS
Name: MUAYAD MOHSIN
Phone Number :
Bill Ref : HV2586
Date : 02-10-2026

عنوان المستلم
MUAYAD MOHSIN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MUAYAD MOHSIN	1	25-01-2025	08-02-2025	فيلا تاييلند	Nights: 14 BERJAYA TIME SQUARE	Studio	1	0	\$ 50	\$ 50
						TOTAL			\$ 50	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 50	