

BILLING ADDRESS
Name: MOSTAFA ALMAHDAWI
Phone Number :
Bill Ref : HV2623
Date : 02-10-2026

عنوان المستلم
MOSTAFA ALMAHDAWI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
MOSTAFA ALMAHDAWI	2	17-02-2025	25-02-2025	SIRLANK A	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 1000
						TOTAL			\$ 1000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1000	