

BILLING ADDRESS
Name: IMAD ABODABAB
Phone Number :
Bill Ref : HV2667
Date : 03-10-2026

عنوان المستلم
IMAD ABODABAB: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
IMAD ABODABAB	1	09-02-2025	23-02-2025	فيلا تايلند	Nights: 14 BERJAYA TIME SQUARE	Studio	1	0	\$ 50	\$ 50
					TOTAL			\$ 50		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 50		