

BILLING ADDRESS
Name: TAMARAH KHAYOON
Phone Number :
Bill Ref : HV2671
Date : 02-10-2026

عنوان المستلم
TAMARAH KHAYOON: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
TAMARAH KHAYOON	1	09-02-2025	16-02-2025	بالي اكسبرس	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 145	\$ 145
						TOTAL			\$ 145	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 145	