

BILLING ADDRESS
Name: OMAR AHMED
Phone Number :
Bill Ref : HV3113
Date : 02-10-2026

عنوان المستلم
OMAR AHMED: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
OMAR AHMED	1	26-04-2025	17-05-2025	فيزة بالي عادية	Nights: 21 BERJAYA TIME SQUARE	Studio	1	0	\$ 80	\$ 80
					TOTAL			\$ 80		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 80		