

BILLING ADDRESS
Name: ALLA ALATABE
Phone Number :
Bill Ref : HV3187
Date : 02-10-2026

عنوان المستلم
ALLA ALATABE: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ALLA ALATABE	1	07-05-2025	14-05-2025	فيزة بالي اكسبرس	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 150	\$ 150
						TOTAL			\$ 150	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 150	