

BILLING ADDRESS
Name: BARRA AL OGAILI
Phone Number :
Bill Ref : HV3317
Date : 02-10-2026

عنوان المستلم
BARRA AL OGAILI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
BARRA AL OGAILI	2	23-05-2025	31-05-2025	KUL-POR TDICKSO N	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 750	\$ 1500
						TOTAL			\$ 1500	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1500	