

BILLING ADDRESS
Name: DYAR AHMED
Phone Number :
Bill Ref : HV3377
Date : 30-09-2026

عنوان المستلم
DYAR AHMED: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
DYAR AHMED	2	01-06-2025	09-06-2025	KUALA LAMPUR & THAILAND	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 750	\$ 1500
						TOTAL			\$ 1500	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1500	