

BILLING ADDRESS
Name: IHAB MOHAMMED
Phone Number :
Bill Ref : HV3648
Date : 02-10-2026

عنوان المستلم
IHAB MOHAMMED: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
IHAB MOHAMMED	2	14-06-2025	28-06-2025	فيزة بالي عادية	Nights: 14 BERJAYA TIME SQUARE	Studio	1	0	\$ 80	\$ 160
						TOTAL			\$ 160	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 160	