

BILLING ADDRESS
Name: Mustafa algayarah
Phone Number :
Bill Ref : HV3756
Date : 02-08-2026

عنوان المستلم
Mustafa algayarah: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
Mustafa algayarah	2	15-08-2025	27-08-2025	KUL-BALI	Nights: 12 BERJAYA TIME SQUARE	Studio	1	0	\$ 1515	\$ 3030
						TOTAL			\$ 3030	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 3030	