

BILLING ADDRESS
Name: HUDHAIFA AL DAYYENI
Phone Number :
Bill Ref : HV3903
Date : 03-10-2026

عنوان المستلم
الاسم: HUDHAIFA AL DAYYENI

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
HUDHAIFA AL DAYYENI	2	25-09-2025	04-10-2025	كوالالمبور + بالي	Nights: 9 BERJAYA TIME SQUARE	Studio	1	0	\$ 1650	\$ 3300
						TOTAL			\$ 3300	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 3300	