

BILLING ADDRESS
Name: ISRAA AMER
Phone Number :
Bill Ref : HV4003
Date : 03-10-2026

عنوان المستلم
ISRAA AMER: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ISRAA AMER	1	05-09-2025	13-09-2025	اضافة مع الكروب	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 400	\$ 400
						TOTAL			\$ 400	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 400	