

BILLING ADDRESS
Name: FARES ZAGHLOUL
Phone Number :
Bill Ref : HV4023
Date : 30-09-2026

عنوان المستلم
FARES ZAGHLOUL: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
FARES ZAGHLOUL	2	09-09-2025	17-09-2025		Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 1000
						TOTAL			\$ 1000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1000	