

BILLING ADDRESS
Name: AHMED RASHID
Phone Number :
Bill Ref : HV4112
Date : 30-07-2026

عنوان المستلم
AHMED RASHID: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
AHMED RASHID	2	08-09-2025	29-09-2025	الشهر	Nights: 21 BERJAYA TIME SQUARE	Studio	1	0	\$ 75	\$ 150
						TOTAL			\$ 150	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 150	