

BILLING ADDRESS
Name: MOHANNAD HASSAN
Phone Number :
Bill Ref : HV4149
Date : 30-09-2026

عنوان المستلم
MOHANNAD HASSAN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHANNAD HASSAN	2	23-09-2025	30-09-2025	فيزة بالي	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 85	\$ 170
						TOTAL			\$ 170	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 170	