

BILLING ADDRESS
Name: ALI RASHID
Phone Number :
Bill Ref : HV4472
Date : 30-09-2026

عنوان المستلم
ALI RASHID: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ALI RASHID	2	07-11-2025	15-11-2025	كوالا بالي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1015	\$ 2030
						TOTAL			\$ 2030	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2030	