

BILLING ADDRESS
Name: SABAH ABBOOD
Phone Number :
Bill Ref : HV4784
Date : 01-10-2026

عنوان المستلم
SABAH ABBOOD: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
SABAH ABBOOD	1	17-12-2025	31-12-2025	فيلا تاياند	Nights: 14 BERJAYA TIME SQUARE	Studio	1	0	\$ 75	\$ 75
						TOTAL			\$ 75	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 75	