

BILLING ADDRESS
Name: LAWAND OTHMAN
Phone Number :
Bill Ref : HV4788
Date : 01-10-2026

عنوان المستلم
LAWAND OTHMAN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
LAWAND OTHMAN	2	26-11-2025	11-12-2025	فيزة بالي	Nights: 15 BERJAYA TIME SQUARE	Studio	1	0	\$ 85	\$ 170
						TOTAL			\$ 170	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 170	