

BILLING ADDRESS
Name: DHAIF DARI
Phone Number :
Bill Ref : HV3025
Date : 29-09-2026

عنوان المستلم
DHAIF DARI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
DHAIF DARI	2	29-12-2018	05-01-2019		Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 380	\$ 760
					TOTAL			\$ 760		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 760		