

BILLING ADDRESS
Name: DHIA ALDABIS
Phone Number :
Bill Ref : HV3648
Date : 30-09-2026

عنوان المستلم
DHIA ALDABIS: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
DHIA ALDABIS	2	06-06-2019	16-06-2019		Nights: 10 BERJAYA TIME SQUARE	Studio	1	0	\$ 1035	\$ 2070
طفل	1								\$ 100	\$ 100
						TOTAL			\$ 2170	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2170	