

BILLING ADDRESS
Name: MOMEN ALHELALI
Phone Number :
Bill Ref : HV3759
Date : 03-10-2026

عنوان المستلم
MOMEN ALHELALI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOMEN ALHELALI	2	30-06-2019	07-07-2019		Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 380	\$ 760
						TOTAL			\$ 760	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 760	