

BILLING ADDRESS
Name: ALAA MOHAMMED
Phone Number :
Bill Ref : HV4645
Date : 30-09-2026

عنوان المستلم
ALAA MOHAMMED: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
ALAA MOHAMMED	2	17-12-2019	05-01-2020	كوالا بينانك	Nights: 19 BERJAYA TIME SQUARE	Studio	1	0	\$ 835	\$ 1670
						TOTAL			\$ 1670	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1670	