

BILLING ADDRESS
Name: IBRAHIM SALEH
Phone Number :
Bill Ref : HV6950
Date : 02-10-2026

عنوان المستلم
IBRAHIM SALEH: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
IBRAHIM SALEH	2	31-12-2023	08-01-2024	برنامج كوالا فقط	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 450	\$ 900
						TOTAL			\$ 900	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 900	