

BILLING ADDRESS
Name: MOHAMMED ALMALIKI
Phone Number :
Bill Ref : HV634
Date : 01-10-2026

عنوان المستلم
MOHAMMED ALMALIKI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHAMMED ALMALIKI	2	18-02-2024	01-03-2024	كوالا بالي	Nights: 12 BERJAYA TIME SQUARE	Studio	1	0	\$ 1050	\$ 2100
						TOTAL			\$ 2100	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2100	