

BILLING ADDRESS
Name: AMMAE ALZAKAM
Phone Number :
Bill Ref : HV1820
Date : 01-10-2026

عنوان المستلم
AMMAE ALZAKAM: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
AMMAE ALZAKAM	2	27-09-2024	05-10-2024	تذاكر فقط	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 750	\$ 1500
						TOTAL			\$ 1500	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1500	