

BILLING ADDRESS
Name: ABDULLATIF HOURI
Phone Number :
Bill Ref : HV1830
Date : 03-10-2026

عنوان المستلم
ABDULLATIF HOURI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ABDULLATIF HOURI	1	27-09-2024	02-10-2024	شقة فندقية برجايا	Nights: 5 BERJAYA TIME SQUARE	Studio	1	0	\$ 250	\$ 250
						TOTAL			\$ 250	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 250	