

BILLING ADDRESS
Name: HOSHANG SRCHI
Phone Number :
Bill Ref : HV1881
Date : 01-10-2026

عنوان المستلم
HOSHANG SRCHI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
HOSHANG SRCHI	2	01-10-2024	10-10-2024	سيريلانكا	Nights: 9 BERJAYA TIME SQUARE	Studio	1	0	\$ 590	\$ 1180
						TOTAL			\$ 1180	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1180	