

BILLING ADDRESS
Name: MUHI/ALAWADI
Phone Number :
Bill Ref : HV1944
Date : 01-10-2026

عنوان المستلم
MUHI/ALAWADI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MUHI/ALAWADI	1	18-10-2024	26-10-2024	كوالا فقط	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 650	\$ 650
						TOTAL			\$ 650	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 650	