

BILLING ADDRESS
Name: HIWA RASHID AHMED
Phone Number :
Bill Ref : HV2049
Date : 30-09-2026

عنوان المستلم
HIWA RASHID AHMED: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
HIWA RASHID AHMED	3	04-12-2024	12-12-2024	KUL-SINGAPORE	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 750	\$ 2250
					TOTAL			\$ 2250		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 2250		