

BILLING ADDRESS
Name: WAFAA ALMASHREF
Phone Number :
Bill Ref : HV2088
Date : 01-08-2026

عنوان المستلم
WAFAA ALMASHREF: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
WAFAA ALMASHREF	1	15-11-2024	23-11-2024	كوالالمبور بالي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1030	\$ 1030
						TOTAL			\$ 1030	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1030	