

BILLING ADDRESS
Name: MUSTAFA MOHAMMED
Phone Number :
Bill Ref : HV2159
Date : 01-10-2026

عنوان المستلم
MUSTAFA MOHAMMED: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
MUSTAFA MOHAMMED	4	18-11-2024	26-11-2024	سيرلانكا	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 475	\$ 1900
طفل بدون سرير	1								\$ 150	\$ 150
						TOTAL			\$ 2050	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2050	