

BILLING ADDRESS
Name: SARMAD HAMEED
Phone Number :
Bill Ref : HV2521
Date : 01-10-2026

عنوان المستلم
SARMAD HAMEED: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
SARMAD HAMEED	2	24-01-2025	01-02-2025	تذاكر فقط	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 700	\$ 1400
						TOTAL			\$ 1400	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1400	