

BILLING ADDRESS
Name: ALI ALMEHNNH
Phone Number :
Bill Ref : HV2594
Date : 01-10-2026

عنوان المستلم
ALI ALMEHNNH: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ALI ALMEHNNH	2	07-02-2025	15-02-2025	تذاكر فقط	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 700	\$ 1400
						TOTAL			\$ 1400	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1400	