

BILLING ADDRESS
Name: MOHAMMED SALMAN
Phone Number :
Bill Ref : HV3053
Date : 30-09-2026

عنوان المستلم
MOHAMMED SALMAN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHAMMED SALMAN	2	24-04-2025	30-04-2025	كوالالمبور فقط	Nights: 6 BERJAYA TIME SQUARE	Studio	1	0	\$ 350	\$ 700
						TOTAL			\$ 700	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 700	