

BILLING ADDRESS
Name: ALI ALBUAUADH
Phone Number :
Bill Ref : HV3119
Date : 30-07-2026

عنوان المستلم
ALI ALBUAUADH: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
ALI ALBUAUADH	1	05-04-2025	19-04-2025	فيزة جاكارتا	Nights: 14 BERJAYA TIME SQUARE	Studio	1	0	\$ 85	\$ 85
					TOTAL			\$ 85		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 85		