

BILLING ADDRESS
Name: MOHAMMED ALABBAS
Phone Number :
Bill Ref : HV3293
Date : 02-10-2026

عنوان المستلم
MOHAMMED ALABBAS: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHAMMED ALABBAS	2	13-06-2025	21-06-2025	تذكرة فقط	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 750	\$ 1500
						TOTAL			\$ 1500	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1500	