

BILLING ADDRESS
Name: MHD ALHASAN
Phone Number :
Bill Ref : HV3382
Date : 03-10-2026

عنوان المستلم
MHD ALHASAN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MHD ALHASAN	6	19-05-2025	09-06-2025	فيزة بالي عادية	Nights: 21 BERJAYA TIME SQUARE	Studio	1	0	\$ 85	\$ 510
						TOTAL			\$ 510	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 510	