

BILLING ADDRESS
Name: ARKAN KADHIM
Phone Number :
Bill Ref : HV3617
Date : 02-10-2026

عنوان المستلم
الاسم: ARKAN KADHIM

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ARKAN KADHIM	1	18-07-2025	26-07-2025	كوالا تايلند	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1725	\$ 1725
						TOTAL			\$ 1725	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1725	