

BILLING ADDRESS
Name: AMJED HUSSEIN
Phone Number :
Bill Ref : HV3763
Date : 01-10-2026

عنوان المستلم
AMJED HUSSEIN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
AMJED HUSSEIN	2	08-08-2025	16-08-2025	تذكرة فقط	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 750	\$ 1500
						TOTAL			\$ 1500	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1500	