

BILLING ADDRESS
Name: HOKAR HAMAD
Phone Number :
Bill Ref : HV4118
Date : 01-10-2026

عنوان المستلم
HOKAR HAMAD: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
HOKAR HAMAD	2	25-08-2025	11-10-2025	فيزة بالي	Nights: 47 BERJAYA TIME SQUARE	Studio	1	0	\$ 85	\$ 170
						TOTAL			\$ 170	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 170	