

BILLING ADDRESS
Name: Mohaimen Adil
Phone Number :
Bill Ref : HV4429
Date : 30-09-2026

عنوان المستلم
Mohaimen Adil: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
Mohaimen Adil	2	31-10-2025	08-11-2025	كوالا بالي	Nights: 8 Royal signature	Delux	1	0	\$ 1731	\$ 3462
						TOTAL			\$ 3462	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 3462	