

BILLING ADDRESS
Name: HEMN HAMZA
Phone Number :
Bill Ref : HV4507
Date : 30-09-2026

عنوان المستلم
HEMN HAMZA: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
HEMN HAMZA	2	07-11-2025	12-11-2025		Nights: 5 BERJAYA TIME SQUARE	Studio	1	1	\$ 0000	\$ 0
						TOTAL			\$ 0	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 0	