

BILLING ADDRESS
Name: FARHAD HUSSEIN
Phone Number :
Bill Ref : HV4630
Date : 30-07-2026

عنوان المستلم
FARHAD HUSSEIN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
FARHAD HUSSEIN	2	24-11-2025	08-12-2025	فيزة بالي	Nights: 14 BERJAYA TIME SQUARE	Studio	1	0	\$ 85	\$ 170
						TOTAL			\$ 170	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 170	