

BILLING ADDRESS
Name: MOHAMMED MAHMOOD
Phone Number :
Bill Ref : HV5001
Date : 02-10-2026

عنوان المستلم
MOHAMMED MAHMOOD: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHAMMED MAHMOOD	2	06-02-2026	14-02-2026	KUL BALI	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1663	\$ 3326
						TOTAL			\$ 3326	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 3326	