

BILLING ADDRESS
Name: FAKHRI ALWAN
Phone Number :
Bill Ref : HV2755
Date : 30-07-2026

عنوان المستلم
FAKHRI ALWAN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
FAKHRI ALWAN	1	24-10-2018	01-11-2018	برنامج + ليلة	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 640	\$ 640
						TOTAL			\$ 640	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 640	