

BILLING ADDRESS
Name: MOMEN ALHELALI
Phone Number :
Bill Ref : HV3759
Date : 30-09-2026

عنوان المستلم
MOMEN ALHELALI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
MOMEN ALHELALI	2	30-06-2019	07-07-2019		Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 380	\$ 760
					TOTAL			\$ 760		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 760		