

BILLING ADDRESS
Name: JAMAL ALOMARI
Phone Number :
Bill Ref : HV3764
Date : 01-10-2026

عنوان المستلم
JAMAL ALOMARI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
JAMAL ALOMARI	2	11-07-2019	18-07-2019		Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 380	\$ 760
						TOTAL			\$ 760	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 760	