

BILLING ADDRESS
Name: HUSSEIN OMAR
Phone Number :
Bill Ref : HV3799
Date : 01-10-2026

عنوان المستلم
HUSSEIN OMAR: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
HUSSEIN OMAR	2	13-07-2019	21-07-2019		Nights: 8 BERJAYA TIME SQUARE	Studio	2	0	\$ 1080	\$ 2160
طفل مع سرير	2								\$ 875	\$ 1750
						TOTAL			\$ 3910	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 3910	