

BILLING ADDRESS
Name: MOHAMMAD ALHAEK
Phone Number :
Bill Ref : HV4092
Date : 30-09-2026

عنوان المستلم
MOHAMMAD ALHAEK: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHAMMAD ALHAEK	2	17-08-2019	25-08-2019	كوالا مالديف	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 635	\$ 1270
						TOTAL			\$ 1270	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1270	