

BILLING ADDRESS
Name: NIDHAL ALTALABANI
Phone Number :
Bill Ref : HV4383
Date : 31-07-2026

عنوان المستلم
NIDHAL ALTALABANI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
NIDHAL ALTALABANI	4	12-10-2019	20-10-2019	كوالا سنغافورة	Nights: 8 BERJAYA TIME SQUARE	Studio	2	0	\$ 635	\$ 2540
						TOTAL			\$ 2540	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2540	