

BILLING ADDRESS
Name: DHABYAN ALFATHI
Phone Number :
Bill Ref : HV4386
Date : 01-10-2026

عنوان المستلم
DHABYAN ALFATHI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
DHABYAN ALFATHI	2	31-08-2019	08-08-2019		Nights: 23 BERJAYA TIME SQUARE	Studio	1	0	\$ 540	\$ 1080
					TOTAL			\$ 1080		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 1080		