

BILLING ADDRESS
Name: JAWAD JASIM
Phone Number :
Bill Ref : HV4515
Date : 01-10-2026

عنوان المستلم
JAWAD JASIM: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
JAWAD JASIM	2	20-11-2019	28-11-2019	كوالا مالديف	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1085	\$ 2170
						TOTAL			\$ 2170	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2170	