

BILLING ADDRESS
Name: MOHAMAD DARMOSH
Phone Number :
Bill Ref : HV4836
Date : 02-10-2026

عنوان المستلم
MOHAMAD DARMOSH: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHAMAD DARMOSH	2	21-01-2020	02-02-2020	كوالا بالي	Nights: 12 BERJAYA TIME SQUARE	Studio	1	0	\$ 1200	\$ 2400
						TOTAL			\$ 2400	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2400	