

BILLING ADDRESS
Name: SHNO MOHAMMED SAEED
Phone Number :
Bill Ref : HV6470
Date : 30-09-2026

عنوان المستلم
SHNO MOHAMMED SAEED: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
SHNO MOHAMMED SAEED	3	26-08-2023	03-09-2023	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	1	\$ 575	\$ 1725
						TOTAL			\$ 1725	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1725	