

BILLING ADDRESS
Name: AHMED ALHAKEEM
Phone Number :
Bill Ref : HV6514
Date : 02-10-2026

عنوان المستلم
AHMED ALHAKEEM: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
AHMED ALHAKEEM	6	01-09-2023	11-09-2023	كوالا لنكاوي	Nights: 10 BERJAYA TIME SQUARE	Studio	3	0	\$ 550	\$ 3300
رضيع	3								\$ 50	\$ 150
						TOTAL			\$ 3450	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 3450	