

BILLING ADDRESS
Name: OMAR ALDOORI
Phone Number :
Bill Ref : HV565
Date : 30-09-2026

عنوان المستلم
OMAR ALDOORI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
OMAR ALDOORI	2	11-02-2024	22-02-2024	كوالا لنكاوي	Nights: 11 BERJAYA TIME SQUARE	Studio	1	0	\$ 585	\$ 1170
						TOTAL			\$ 1170	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1170	