

BILLING ADDRESS
Name: AZHAR KHOAILED
Phone Number :
Bill Ref : HV871
Date : 01-10-2026

عنوان المستلم
AZHAR KHOAILED: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
AZHAR KHOAILED	2	15-04-2024	29-04-2024	كوالا لنكاوي والديف	Nights: 14 BERJAYA TIME SQUARE	Studio	1	0	\$ 1995	\$ 3990
						TOTAL			\$ 3990	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 3990	