

BILLING ADDRESS
Name: SUBHAN ALFATLAWI
Phone Number :
Bill Ref : HV981
Date : 30-09-2026

عنوان المستلم
SUBHAN ALFATLAWI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
SUBHAN ALFATLAWI	2	19-05-2024	27-05-2024	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 475	\$ 950
						TOTAL			\$ 950	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 950	