

BILLING ADDRESS
Name: MUSTAFA MOHAMMED
Phone Number :
Bill Ref : HV1018
Date : 01-08-2026

عنوان المستلم
MUSTAFA MOHAMMED: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MUSTAFA MOHAMMED	2	31-05-2024	08-06-2024	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 475	\$ 950
						TOTAL			\$ 950	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 950	