

BILLING ADDRESS
Name: OSAMAH KAMAL
Phone Number :
Bill Ref : HV1226
Date : 30-07-2026

عنوان المستلم
OSAMAH KAMAL: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
OSAMAH KAMAL	1	21-06-2024	29-06-2024	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1425	\$ 1425
						TOTAL			\$ 1425	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1425	