

BILLING ADDRESS
Name: WEDYAN SHLASH
Phone Number :
Bill Ref : HV1635
Date : 01-08-2026

عنوان المستلم
WEDYAN SHLASH: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
WEDYAN SHLASH	1	23-08-2024	30-08-2024	كوالا لنكاوي	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 1200	\$ 1200
						TOTAL			\$ 1200	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1200	