

BILLING ADDRESS
Name: MOHAMMED ALBADARIN
Phone Number :
Bill Ref : HV1694
Date : 01-10-2026

عنوان المستلم
MOHAMMED ALBADARIN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHAMMED ALBADARIN	1	29-08-2024	05-09-2024	كوالا لنكاوي	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 500
						TOTAL			\$ 500	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 500	