

BILLING ADDRESS
Name: MOHAMMED ABUDREI
Phone Number :
Bill Ref : HV1889
Date : 03-10-2026

عنوان المستلم
MOHAMMED ABUDREI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHAMMED ABUDREI	2	05-10-2024	12-10-2024	كوالالمبور لنكاوي	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 1020	\$ 2040
						TOTAL			\$ 2040	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2040	