

BILLING ADDRESS
Name: AHMED AL ZAIDI
Phone Number :
Bill Ref : HV1924
Date : 01-10-2026

عنوان المستلم
الاسم: AHMED AL ZAIDI

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
AHMED AL ZAIDI	2	25-10-2024	02-11-2024	كوالالمبور لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1200	\$ 2400
						TOTAL			\$ 2400	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2400	