

BILLING ADDRESS
Name: MOHANAD/AL SHAMSI
Phone Number :
Bill Ref : HV1970
Date : 01-08-2026

عنوان المستلم
MOHANAD/AL SHAMSI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHANAD/AL SHAMSI	2	20-10-2024	31-10-2024	كوالا لنكاوي	Nights: 11 BERJAYA TIME SQUARE	Studio	1	0	\$ 650	\$ 1300
						TOTAL			\$ 1300	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1300	