

BILLING ADDRESS
Name: MUQDAD SAMI
Phone Number :
Bill Ref : HV2090
Date : 02-10-2026

عنوان المستلم
MUQDAD SAMI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
MUQDAD SAMI	2	29-12-2024	06-01-2025	كوالالمبور + لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 550	\$ 1100
						TOTAL			\$ 1100	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1100	