

BILLING ADDRESS
Name: SAIF RAMADAN
Phone Number :
Bill Ref : HV2091
Date : 30-09-2026

عنوان المستلم
SAIF RAMADAN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
SAIF RAMADAN	2	30-11-2024	08-12-2024	كوالالمبور	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 400	\$ 800
						TOTAL			\$ 800	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 800	