

BILLING ADDRESS
Name: AHMAD ALABED
Phone Number :
Bill Ref : HV2389
Date : 01-10-2026

عنوان المستلم
AHMAD ALABED: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
AHMAD ALABED	2	06-01-2025	14-01-2025	كوالالمبور لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 1000
						TOTAL			\$ 1000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1000	