

BILLING ADDRESS
Name: HAMDIA ALASMAR
Phone Number :
Bill Ref : HV2448
Date : 02-10-2026

عنوان المستلم
HAMDIA ALASMAR: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
HAMDIA ALASMAR	2	25-01-2025	01-02-2025	لنكاوي وكوالا	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 1000
						TOTAL			\$ 1000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1000	