

BILLING ADDRESS
Name: AHMED HAMAIDI
Phone Number :
Bill Ref : HV2453
Date : 03-10-2026

عنوان المستلم
الاسم: AHMED HAMAIDI

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
AHMED HAMAIDI	2	21-01-2025	28-01-2025	لنكاوي وكوالا سبع ليالي	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 1000
						TOTAL			\$ 1000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1000	