

BILLING ADDRESS
Name: IZZELDEEN KHOFASH
Phone Number :
Bill Ref : HV2531
Date : 02-10-2026

عنوان المستلم
الاسم: IZZELDEEN KHOFASH

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
IZZELDEEN KHOFASH	2	22-01-2025	29-01-2025	لنكاوي وكوالا	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 1000
						TOTAL			\$ 1000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1000	