

BILLING ADDRESS
Name: KAMIL SAMEER KAMIL
Phone Number :
Bill Ref : HV3418
Date : 31-07-2026

عنوان المستلم
KAMIL SAMEER KAMIL: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
KAMIL SAMEER KAMIL	4	07-06-2025	12-06-2025	فندق واستقبال وتوديع	Nights: 5 IMPERIAL LEXIS KL	DELU XE	2	0	\$ 475	\$ 1900
					TOTAL			\$ 1900		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 1900		