

BILLING ADDRESS
Name: REKAWT WADI
Phone Number :
Bill Ref : HV3719
Date : 01-10-2026

عنوان المستلم
REKAWT WADI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
REKAWT WADI	4	01-08-2025	09-08-2025	KUL ONLY	Nights: 8 BERJAYA TIME SQUARE	Studio	2	0	\$ 400	\$ 1600
						TOTAL			\$ 1600	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1600	