

BILLING ADDRESS
Name: ABBAS ALKHAFAJI
Phone Number :
Bill Ref : HV4381
Date : 02-08-2026

عنوان المستلم
ABBAS ALKHAFAJI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ABBAS ALKHAFAJI	2	22-10-2025	01-11-2025	كوالا لنكاوي بينانك	Nights: 10 Lexis Hotel	Delux	1	0	\$ 900	\$ 1800
						TOTAL			\$ 1800	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1800	