

BILLING ADDRESS
Name: RASHED ALQUDAH
Phone Number :
Bill Ref : HV4399
Date : 03-10-2026

عنوان المستلم
RASHED ALQUDAH: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
RASHED ALQUDAH	2	27-10-2025	04-11-2025	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1000	\$ 2000
						TOTAL			\$ 2000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2000	