

BILLING ADDRESS
Name: RAMI SHEHA
Phone Number :
Bill Ref : HV4403
Date : 30-09-2026

عنوان المستلم
RAMI SHEHA: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
RAMI SHEHA	2	07-11-2025	15-11-2025	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1164	\$ 2328
						TOTAL			\$ 2328	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2328	