

BILLING ADDRESS
Name: AHMED HASAN
Phone Number :
Bill Ref : HV4422
Date : 29-09-2026

عنوان المستلم
AHMED HASAN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
AHMED HASAN	2	31-10-2025	08-11-2025	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 375	\$ 750
						TOTAL			\$ 750	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 750	