

BILLING ADDRESS
Name: NASER SHAWER
Phone Number :
Bill Ref : HV4425
Date : 02-10-2026

عنوان المستلم
NASER SHAWER: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
NASER SHAWER	2	27-10-2025	04-11-2025	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 1000
طفل	1								\$ 200	\$ 200
						TOTAL			\$ 1200	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1200	