

BILLING ADDRESS
Name: SA'ED SALEEM
Phone Number :
Bill Ref : HV4427
Date : 03-10-2026

عنوان المستلم
SA'ED SALEEM: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
SA'ED SALEEM	2	28-10-2025	06-11-2025	كوالا لنكاوي	Nights: 9 BERJAYA TIME SQUARE	Studio	1	0	\$ 700	\$ 1400
					TOTAL			\$ 1400		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 1400		