

BILLING ADDRESS
Name: ALAA ALJAMAL
Phone Number :
Bill Ref : HV4458
Date : 29-09-2026

عنوان المستلم
ALAA ALJAMAL: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ALAA ALJAMAL	2	15-11-2025	23-11-2025	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 1000
						TOTAL			\$ 1000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1000	