

BILLING ADDRESS
Name: HUSSEIN ALGHUFAIRI
Phone Number :
Bill Ref : HV4476
Date : 31-07-2026

عنوان المستلم
HUSSEIN ALGHUFAIRI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
HUSSEIN ALGHUFAIRI	2	14-11-2025	22-11-2025	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1250.5	\$ 2501
						TOTAL			\$ 2501	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2501	