

BILLING ADDRESS
Name: Zaid Alkhraisha
Phone Number :
Bill Ref : HV4480
Date : 01-10-2026

عنوان المستلم
Zaid Alkhraisha: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
Zaid Alkhraisha	2	02-11-2025	09-11-2025	Kul Langkawi	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 950	\$ 1900
						TOTAL			\$ 1900	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1900	