

BILLING ADDRESS
Name: RASHID AL MAEENI
Phone Number :
Bill Ref : HV4527
Date : 29-09-2026

عنوان المستلم
RASHID AL MAEENI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
RASHID AL MAEENI	2	07-11-2025	15-11-2025	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	2	0	\$ 400	\$ 800
اطفال	3								\$ 300	\$ 900
						TOTAL			\$ 1700	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1700	