

BILLING ADDRESS
Name: FADI SAAD
Phone Number :
Bill Ref : HV2921
Date : 29-09-2026

عنوان المستلم
FADI SAAD: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
FADI SAAD	2	29-12-2018	05-01-2019	كوالا - لنكاوي	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 345	\$ 690
طفل	1								\$ 100	\$ 100
						TOTAL			\$ 790	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 790	