

BILLING ADDRESS
Name: SAHM ALSLO
Phone Number :
Bill Ref : HV2997
Date : 30-09-2026

عنوان المستلم
SAHM ALSLO: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
SAHM ALSLO	2	29-12-2018	05-01-2019	كوالا - لنكاوي	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 360	\$ 720
						TOTAL			\$ 720	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 720	