

BILLING ADDRESS
Name: WALEED KHALID
Phone Number :
Bill Ref : HV3188
Date : 01-08-2026

عنوان المستلم
WALEED KHALID: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
WALEED KHALID	2	09-02-2019	17-02-2019	كوالا - لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	2	0	\$ 625	\$ 1250
طفل	2								\$ 100	\$ 200
						TOTAL			\$ 1450	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1450	