

BILLING ADDRESS
Name: ABDULRAHEEM SABI
Phone Number :
Bill Ref : HV3278
Date : 01-08-2026

عنوان المستلم
ABDULRAHEEM SABI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ABDULRAHEEM SABI	3	16-02-2019	24-02-2019	كوالا - لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	1	\$ 380	\$ 1140
						TOTAL			\$ 1140	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1140	