

BILLING ADDRESS
Name: KHALID MOOSAA
Phone Number :
Bill Ref : HV3319
Date : 01-08-2026

عنوان المستلم
KHALID MOOSAA: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
KHALID MOOSAA	1	23-02-2019	04-03-2019	كوالا - لنكاوي	Nights: 9 BERJAYA TIME SQUARE	Studio	1	0	\$ 650	\$ 650
						TOTAL			\$ 650	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 650	