

BILLING ADDRESS
Name: SAIF ALNAJJAR
Phone Number :
Bill Ref : HV3435
Date : 02-08-2026

عنوان المستلم
SAIF ALNAJJAR: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
SAIF ALNAJJAR	2	30-03-2019	07-04-2019	كوالا - لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 415	\$ 830
						TOTAL			\$ 830	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 830	