

BILLING ADDRESS
Name: IHAB KHALID
Phone Number :
Bill Ref : HV3676
Date : 01-10-2026

عنوان المستلم
IHAB KHALID: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
IHAB KHALID	1	05-06-2019	12-06-2019	كوالا - لنكاوي	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 570	\$ 570
						TOTAL			\$ 570	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 570	