

BILLING ADDRESS
Name: ALAA MOHAMMED
Phone Number :
Bill Ref : HV4270
Date : 30-09-2026

عنوان المستلم
ALAA MOHAMMED: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ALAA MOHAMMED	1	07-09-2019	15-09-2019	كوالا - لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 450	\$ 450
						TOTAL			\$ 450	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 450	