

BILLING ADDRESS
Name: AMJAD JADA
Phone Number :
Bill Ref : HV4286
Date : 01-10-2026

عنوان المستلم
AMJAD JADA: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
AMJAD JADA	2	15-09-2019	22-09-2019	كوالا - لنكاوي	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 550	\$ 1100
طفل	1								\$ 100	\$ 100
						TOTAL			\$ 1200	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1200	