

BILLING ADDRESS
Name: IBRAHIM ALSHAWKA
Phone Number :
Bill Ref : HV4625
Date : 30-09-2026

عنوان المستلم
IBRAHIM ALSHAWKA: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
IBRAHIM ALSHAWKA	2	14-12-2019	29-12-2019	كوالا لنكاوي	Nights: 15 BERJAYA TIME SQUARE	Studio	1	0	\$ 700	\$ 1400
					TOTAL			\$ 1400		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 1400		