

BILLING ADDRESS
Name: HASAN AHMAD
Phone Number :
Bill Ref : HV4655
Date : 02-10-2026

عنوان المستلم
HASAN AHMAD: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
HASAN AHMAD	2	18-12-2019	28-12-2019	كوالا لنكاوي بينانك	Nights: 10 BERJAYA TIME SQUARE	Studio	1	0	\$ 600	\$ 1200
						TOTAL			\$ 1200	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1200	