

BILLING ADDRESS
Name: MOHAMMED ALSAEDI
Phone Number :
Bill Ref : HV4973
Date : 01-10-2026

عنوان المستلم
MOHAMMED ALSAEDI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHAMMED ALSAEDI	2	22-02-2020	01-03-2020	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 415	\$ 830
						TOTAL			\$ 830	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 830	