

BILLING ADDRESS
Name: HAIDER ALSAAD
Phone Number :
Bill Ref : HV5895
Date : 01-08-2026

عنوان المستلم
HAIDER ALSAAD: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
HAIDER ALSAAD	2	01-03-2023	08-03-2023	برنامج كوالا لنكاوي	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 425	\$ 850
						TOTAL			\$ 850	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 850	