

BILLING ADDRESS
Name: SALEH SHAGADAN
Phone Number :
Bill Ref : HV6400
Date : 01-10-2026

عنوان المستلم
SALEH SHAGADAN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
SALEH SHAGADAN	2	07-08-2023	15-08-2023	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 615	\$ 1230
						TOTAL			\$ 1230	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1230	