

BILLING ADDRESS
Name: SAMRAND JIBRAEL
Phone Number :
Bill Ref : HV6501
Date : 31-07-2026

عنوان المستلم
SAMRAND JIBRAEL: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
SAMRAND JIBRAEL	4	27-08-2023	06-09-2023	كوالا لنكاوي	Nights: 10 BERJAYA TIME SQUARE	Studio	2	0	\$ 850	\$ 3400
						TOTAL			\$ 3400	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 3400	