

BILLING ADDRESS
Name: REBIN BAIZ
Phone Number :
Bill Ref : HV6846
Date : 30-09-2026

عنوان المستلم
REBIN BAIZ: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
REBIN BAIZ	2	26-11-2023	05-12-2023	كوالا لنكاوي	Nights: 9 BERJAYA TIME SQUARE	Studio	1	0	\$ 495	\$ 990
						TOTAL			\$ 990	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 990	