

BILLING ADDRESS
Name: ARI NOAMAN
Phone Number :
Bill Ref : HV6934
Date : 31-07-2026

عنوان المستلم
ARI NOAMAN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ARI NOAMAN	2	24-12-2023	03-01-2024	كوالا لنكاوي	Nights: 10 BERJAYA TIME SQUARE	Studio	1	0	\$ 600	\$ 1200
						TOTAL			\$ 1200	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1200	