

BILLING ADDRESS
Name: EZZADEEN MOHAMMED
Phone Number :
Bill Ref : HV1031
Date : 01-10-2026

عنوان المستلم
EZZADEEN MOHAMMED: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
EZZADEEN MOHAMMED	2	23-05-2024	30-05-2024	كوالا لنكاوي	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 440	\$ 880
						TOTAL			\$ 880	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 880	