

BILLING ADDRESS
Name: AHMED ABDULRAHMAN
Phone Number :
Bill Ref : HV1043
Date : 01-10-2026

عنوان المستلم
AHMED ABDULRAHMAN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
AHMED ABDULRAHMAN	1	24-05-2024	03-06-2024	كوالا لنكاوي بينانك	Nights: 10 BERJAYA TIME SQUARE	Studio	1	0	\$ 975	\$ 975
						TOTAL			\$ 975	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 975	