

BILLING ADDRESS
Name: MOHAMMED HAMID
Phone Number :
Bill Ref : HV1169
Date : 30-09-2026

عنوان المستلم
MOHAMMED HAMID: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHAMMED HAMID	2	14-06-2024	22-06-2024	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 770	\$ 1540
						TOTAL			\$ 1540	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1540	