

BILLING ADDRESS
Name: ADIL KADHIM
Phone Number :
Bill Ref : HV1171
Date : 01-10-2026

عنوان المستلم
ADIL KADHIM: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ADIL KADHIM	1	12-06-2024	21-06-2024	كوالا لنكاوي	Nights: 9 BERJAYA TIME SQUARE	Studio	1	0	\$ 820	\$ 820
						TOTAL			\$ 820	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 820	