

BILLING ADDRESS
Name: ASMA MAYYAS
Phone Number :
Bill Ref : HV1333
Date : 01-10-2026

عنوان المستلم
ASMA MAYYAS: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
ASMA MAYYAS	1	04-07-2024	11-07-2024	كوالا لنكاوي	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 500
						TOTAL			\$ 500	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 500	