

BILLING ADDRESS
Name: AMJED AL SIRAJ
Phone Number :
Bill Ref : HV1749
Date : 01-10-2026

عنوان المستلم
AMJED AL SIRAJ: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
AMJED AL SIRAJ	4	20-09-2024	28-09-2024	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1200	\$ 4800
						TOTAL			\$ 4800	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 4800	