

BILLING ADDRESS
Name: ZAID AL KAMAL
Phone Number :
Bill Ref : HV1788
Date : 31-07-2026

عنوان المستلم
ZAID AL KAMAL: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ZAID AL KAMAL	2	20-09-2024	28-09-2024	كوالا بالي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1650	\$ 3300
						TOTAL			\$ 3300	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 3300	