

BILLING ADDRESS
Name: AYMAN/QENDAH
Phone Number :
Bill Ref : HV1922
Date : 01-10-2026

عنوان المستلم
AYMAN/QENDAH: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
AYMAN/QENDAH	2	09-10-2024	18-10-2024	كوالالمبور لنكاوي	Nights: 9 BERJAYA TIME SQUARE	Studio	1	0	\$ 1020	\$ 2040
						TOTAL			\$ 2040	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2040	