

BILLING ADDRESS
Name: ABDULLAH AL MUHISEN
Phone Number :
Bill Ref : HV2032
Date : 30-09-2026

عنوان المستلم
ABDULLAH AL MUHISEN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ABDULLAH AL MUHISEN	2	29-10-2024	05-11-2024	لنكاوي وكوالا	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 440	\$ 880
						TOTAL			\$ 880	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 880	