

BILLING ADDRESS
Name: IBRAHIM KAMEEL
Phone Number :
Bill Ref : HV2126
Date : 01-10-2026

عنوان المستلم
IBRAHIM KAMEEL: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
IBRAHIM KAMEEL	2	13-11-2024	21-11-2024	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 1000
طفل	1								\$ 350	\$ 350
						TOTAL			\$ 1350	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1350	