BILLING ADDRESS
Name: AHMAD ALABED
Phone Number :
Bill Ref : HV2389
Date : 29-11-2026

عنوان المستلم
الاسم:AHMAD ALABED

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
AHMAD ALABED	2	06-01-2025	14-01-2025	كوالامبور لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	$ 500	$ 1000
									TOTAL	$ 1000
									PAYMENT	$ 0
									OUTSTANDING	$ 1000