

BILLING ADDRESS
Name: HAYTHAM AWAWDA
Phone Number :
Bill Ref : HV2454
Date : 30-09-2026

عنوان المستلم
HAYTHAM AWAWDA: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
HAYTHAM AWAWDA	2	17-01-2025	26-01-2025	لنكاوي وكوالا تسعة ليالي	Nights: 9 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 1000
						TOTAL			\$ 1000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1000	