

BILLING ADDRESS
Name: MUSTAFA AL SHUWAILI
Phone Number :
Bill Ref : HV2600
Date : 02-10-2026

عنوان المستلم
MUSTAFA AL SHUWAILI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MUSTAFA AL SHUWAILI	2	01-02-2025	11-02-2025	كوالا لنكاوي	Nights: 10 BERJAYA TIME SQUARE	Studio	1	0	\$ 570	\$ 1140
						TOTAL			\$ 1140	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1140	