

BILLING ADDRESS
Name: HAMID AL ZUBAIDI
Phone Number :
Bill Ref : HV2718
Date : 01-10-2026

عنوان المستلم
HAMID AL ZUBAIDI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
HAMID AL ZUBAIDI	1	21-02-2025	01-03-2025	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1425	\$ 1425
						TOTAL			\$ 1425	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1425	