

BILLING ADDRESS
Name: AQEEL AHMED
Phone Number :
Bill Ref : HV812
Date : 31-07-2026

عنوان المستلم
AQEEL AHMED: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
AQEEL AHMED	1	25-11-2017	03-12-2017	كوالا لنكاوي سنكل	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 600	\$ 600
						TOTAL			\$ 600	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 600	