

BILLING ADDRESS
Name: GHUFRAN ALHASNAWI
Phone Number :
Bill Ref : HV4336
Date : 03-10-2026

عنوان المستلم
الاسم: GHUFRAN ALHASNAWI

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
GHUFRAN ALHASNAWI	1	17-10-2025	25-10-2025	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1425	\$ 1425
						TOTAL			\$ 1425	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1425	