

BILLING ADDRESS
Name: REDHA HIBA
Phone Number :
Bill Ref : HV4337
Date : 02-10-2026

عنوان المستلم
REDHA HIBA: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
REDHA HIBA	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	