

BILLING ADDRESS
Name: ADIL KADHIM
Phone Number :
Bill Ref : HV4357
Date : 29-09-2026

عنوان المستلم
ADIL KADHIM: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ADIL KADHIM	1	17-10-2025	25-10-2025	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 750	\$ 750
						TOTAL			\$ 750	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 750	