

BILLING ADDRESS
Name: AHMED ALGBURI
Phone Number :
Bill Ref : HV4401
Date : 02-10-2026

عنوان المستلم
AHMED ALGBURI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
AHMED ALGBURI	2	24-10-2025	01-11-2025	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1105	\$ 2210
						TOTAL			\$ 2210	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2210	