

BILLING ADDRESS
Name: RAMI SHEHA
Phone Number :
Bill Ref : HV4403
Date : 29-09-2026

عنوان المستلم
RAMI SHEHA: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
RAMI SHEHA	2	07-11-2025	15-11-2025	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1164	\$ 2328
					TOTAL			\$ 2328		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 2328		