

BILLING ADDRESS
Name: KHALID ABDULRAHMAN
Phone Number :
Bill Ref : HV4441
Date : 01-10-2026

عنوان المستلم
KHALID ABDULRAHMAN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
KHALID ABDULRAHMAN	2	07-11-2025	15-11-2025	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1200	\$ 2400
						TOTAL			\$ 2400	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2400	