

BILLING ADDRESS
Name: AHMED HILLAWI
Phone Number :
Bill Ref : HV4465
Date : 30-07-2026

عنوان المستلم
AHMED HILLAWI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
AHMED HILLAWI	2	07-11-2025	15-11-2025	كوالا لمبور فقط	Nights: 8 ROYAL SIGNATURE	DELU XE	1	0	\$ 1045	\$ 2090
					TOTAL			\$ 2090		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 2090		