

BILLING ADDRESS
Name: Aadam Alashqar
Phone Number :
Bill Ref : HV4479
Date : 30-09-2026

عنوان المستلم
Aadam Alashqar: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
Aadam Alashqar	2	02-11-2025	09-11-2025	Kul Langkawi	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 950	\$ 1900
					TOTAL			\$ 1900		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 1900		