

BILLING ADDRESS
Name: SHAHLA ABDULLAH
Phone Number :
Bill Ref : HV916
Date : 01-08-2026

عنوان المستلم
SHAHLA ABDULLAH: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
SHAHLA ABDULLAH	10	30-12-2017	07-01-2018	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	5	0	\$ 400	\$ 4000
					TOTAL			\$ 4000		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 4000		