

BILLING ADDRESS
Name: MOHAMMED ALAYAN
Phone Number :
Bill Ref : HV1069
Date : 01-08-2026

عنوان المستلم
MOHAMMED ALAYAN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHAMMED ALAYAN	3	06-01-2018	14-01-2018	كوالا لنكاوي سناكل	Nights: 8 BERJAYA TIME SQUARE	Studio	3	0	\$ 600	\$ 1800
						TOTAL			\$ 1800	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1800	