

BILLING ADDRESS
Name: HANAA ALASADI
Phone Number :
Bill Ref : HV1174
Date : 01-08-2026

عنوان المستلم
HANAA ALASADI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
HANAA ALASADI	1	03-02-2018	10-02-2018	كوالا لنكاوي سنكل	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 550	\$ 550
						TOTAL			\$ 550	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 550	