

BILLING ADDRESS
Name: RAVAND AHMED
Phone Number :
Bill Ref : HV2811
Date : 31-07-2026

عنوان المستلم
RAVAND AHMED: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
RAVAND AHMED	2	17-11-2018	24-11-2018	كوالا - هالديف	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 890	\$ 1780
						TOTAL			\$ 1780	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1780	