

BILLING ADDRESS
Name: TAIBA ALAJILY
Phone Number :
Bill Ref : HV3226
Date : 01-08-2026

عنوان المستلم
TAIBA ALAJILY: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
TAIBA ALAJILY	4	02-02-2019	10-02-2019	كوالا - لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	2	0	\$ 415	\$ 1660
						TOTAL			\$ 1660	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1660	