

BILLING ADDRESS
Name: AHMED ALGBURI
Phone Number :
Bill Ref : HV3293
Date : 01-10-2026

عنوان المستلم
AHMED ALGBURI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
AHMED ALGBURI	2	16-02-2019	24-02-2019	كوالا - لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 415	\$ 830
طفل	1								\$ 100	\$ 100
						TOTAL			\$ 930	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 930	