

BILLING ADDRESS
Name: HUSAM SHAHEEN
Phone Number :
Bill Ref : HV3384
Date : 01-10-2026

عنوان المستلم
HUSAM SHAHEEN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
HUSAM SHAHEEN	2	09-04-2019	16-04-2019	كوالا - لنكاوي	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 380	\$ 760
						TOTAL			\$ 760	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 760	