

BILLING ADDRESS
Name: MOAYED RAZAQ
Phone Number :
Bill Ref : HV124
Date : 01-08-2026

عنوان المستلم
MOAYED RAZAQ: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOAYED RAZAQ	2	29-07-2017	06-08-2017	كوالا + لنكاوي	Nights: 8 FURAMA HOTEL	Studio	1	0	\$ 250	\$ 500
طفل	1								\$ 100	\$ 100
						TOTAL			\$ 600	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 600	