

BILLING ADDRESS
Name: AMJAD MASARWEH
Phone Number :
Bill Ref : HV4130
Date : 30-09-2026

عنوان المستلم
AMJAD MASARWEH: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
AMJAD MASARWEH	2	23-08-2019	01-09-2019	كوالا - لنكاوي	Nights: 9 BERJAYA TIME SQUARE	Studio	1	0	\$ 450	\$ 900
						TOTAL			\$ 900	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 900	