

BILLING ADDRESS
Name: HASHIM ALSAADAWI
Phone Number :
Bill Ref : HV199
Date : 31-07-2026

عنوان المستلم
HASHIM ALSAADAWI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
HASHIM ALSAADAWI	1	12-08-2017	20-08-2017	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 600	\$ 600
						TOTAL			\$ 600	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 600	