

BILLING ADDRESS
Name: ZAID ALFALAHI
Phone Number :
Bill Ref : HV209
Date : 31-07-2026

عنوان المستلم
ZAID ALFALAHI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
ZAID ALFALAHI	2	18-09-2017	27-09-2017	كوالا بالي	Nights: 9 BERJAYA TIME SQUARE	Studio	1	0	\$ 1090	\$ 2180
					TOTAL			\$ 2180		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 2180		