

BILLING ADDRESS
Name: AHMED DAWOUD
Phone Number :
Bill Ref : HV4423
Date : 30-09-2026

عنوان المستلم
AHMED DAWOUD: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
AHMED DAWOUD	2	08-11-2019	15-11-2019	كوالا لنكاوي	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 550	\$ 1100
					TOTAL			\$ 1100		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 1100		