

BILLING ADDRESS
Name: DJAHNINE WALID
Phone Number :
Bill Ref : HV4464
Date : 30-09-2026

عنوان المستلم
DJAHNINE WALID: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
DJAHNINE WALID	2	21-10-2019	29-10-2019	كوال لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 675	\$ 1350
						TOTAL			\$ 1350	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1350	