

BILLING ADDRESS
Name: HUSSEIN ALSAEDI
Phone Number :
Bill Ref : HV4496
Date : 01-10-2026

عنوان المستلم
HUSSEIN ALSAEDI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
HUSSEIN ALSAEDI	2	25-11-2019	02-12-2019	كوالا لنكاوي	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 380	\$ 760
						TOTAL			\$ 760	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 760	