

BILLING ADDRESS
Name: ABDEL HAMD ZERGUI
Phone Number :
Bill Ref : HV4543
Date : 30-09-2026

عنوان المستلم
ABDEL HAMD ZERGUI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ABDEL HAMD ZERGUI	2	27-11-2019	29-11-2019	كوالا لنكاوي	Nights: 2 THE FACE SUITES PLATINUM	STUDI O	1	0	\$ 460	\$ 920
						TOTAL			\$ 920	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 920	