

BILLING ADDRESS
Name: HAYTHAM ALABDEL
Phone Number :
Bill Ref : HV4667
Date : 01-10-2026

عنوان المستلم
HAYTHAM ALABDEL: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
HAYTHAM ALABDEL	2	04-01-2020	11-01-2020	كوالا لنكاوي	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 380	\$ 760
						TOTAL			\$ 760	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 760	