

BILLING ADDRESS
Name: ZAID KAMIL
Phone Number :
Bill Ref : HV4950
Date : 30-09-2026

عنوان المستلم
ZAID KAMIL: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
ZAID KAMIL	2	15-02-2020	23-02-2020	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 415	\$ 830
					TOTAL			\$ 830		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 830		