

BILLING ADDRESS
Name: AHMAD ALI
Phone Number :
Bill Ref : HV4967
Date : 30-09-2026

عنوان المستلم
الاسم: AHMAD ALI

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
AHMAD ALI	2	19-02-2020	26-02-2020	كوالا لنكاوي	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 380	\$ 760
						TOTAL			\$ 760	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 760	