

BILLING ADDRESS  
Name: MOHAMMED ALSAEDI  
Phone Number :  
Bill Ref : HV4973  
Date : 30-09-2026

عنوان المستلم  
MOHAMMED ALSAEDI: الاسم

## Invoice / فاتورة

| Name             | Adult | Checkin    | Checkout   | Package      | Hotel                               | R-<br>Type  | R-<br>Qty | Extra<br>bed | Fees   | Total  |
|------------------|-------|------------|------------|--------------|-------------------------------------|-------------|-----------|--------------|--------|--------|
| MOHAMMED ALSAEDI | 2     | 22-02-2020 | 01-03-2020 | كوالا لنكاوي | Nights: 8<br>BERJAYA TIME<br>SQUARE | Studio      | 1         | 0            | \$ 415 | \$ 830 |
|                  |       |            |            |              |                                     | TOTAL       |           |              | \$ 830 |        |
|                  |       |            |            |              |                                     | PAYMENT     |           |              | \$ 0   |        |
|                  |       |            |            |              |                                     | OUTSTANDING |           |              | \$ 830 |        |