

BILLING ADDRESS
Name: SABAH IBADI
Phone Number :
Bill Ref : HV346
Date : 31-07-2026

عنوان المستلم
SABAH IBADI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
SABAH IBADI	2	04-09-2017	12-09-2017	كوالا لنكاوي	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 360	\$ 720
						TOTAL			\$ 720	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 720	