

BILLING ADDRESS
Name: MOHAMMED ALKHALIDI
Phone Number :
Bill Ref : HV5764
Date : 30-09-2026

عنوان المستلم
MOHAMMED ALKHALIDI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
MOHAMMED ALKHALIDI	2	09-02-2023	16-02-2023	كوالا لنكاوي سبع ليالي	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 425	\$ 850
						TOTAL			\$ 850	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 850	