

BILLING ADDRESS
Name: GHAITH ALSHAKARCHI
Phone Number :
Bill Ref : HV6139
Date : 01-10-2026

عنوان المستلم
الاسم: GHAITH ALSHAKARCHI

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
GHAITH ALSHAKARCHI	4	02-06-2023	10-06-2023	كوالا لنكاوي مع الهقاعد	Nights: 8 BERJAYA TIME SQUARE	Studio	2	0	\$ 1248	\$ 4992
						TOTAL			\$ 4992	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 4992	