

BILLING ADDRESS
Name: ALI KHALID
Phone Number :
Bill Ref : HV2247
Date : 02-10-2026

عنوان المستلم
ALI KHALID: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ALI KHALID	2	20-12-2024	28-12-2024	KUL--LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1250	\$ 2500
						TOTAL			\$ 2500	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2500	