

BILLING ADDRESS
Name: LOIY OWAIDA
Phone Number :
Bill Ref : HV2625
Date : 01-10-2026

عنوان المستلم
LOIY OWAIDA: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
LOIY OWAIDA	2	03-02-2025	10-02-2025	KUL-LGK	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 1000
						TOTAL			\$ 1000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1000	