

BILLING ADDRESS
Name: OMAR ARFI
Phone Number :
Bill Ref : HV2816
Date : 30-09-2026

عنوان المستلم
OMAR ARFI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
OMAR ARFI	2	26-07-2025	04-08-2025	KUL-LGK	Nights: 9 BERJAYA TIME SQUARE	Studio	2	0	\$ 500	\$ 1000
						TOTAL			\$ 1000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1000	