

BILLING ADDRESS
Name: MUTHANNA HAMDAN
Phone Number :
Bill Ref : HV2877
Date : 30-09-2026

عنوان المستلم
MUTHANNA HAMDAN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
MUTHANNA HAMDAN	2	30-03-2025	05-04-2025	KUL-LGK	Nights: 6 BERJAYA TIME SQUARE	Studio	1	0	\$ 450	\$ 900
					TOTAL			\$ 900		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 900		