

BILLING ADDRESS
Name: MOHAMMED ALSAFI
Phone Number :
Bill Ref : HV2896
Date : 02-10-2026

عنوان المستلم
MOHAMMED ALSAFI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHAMMED ALSAFI	1	04-04-2025	12-04-2025	KUL-LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1350	\$ 1350
						TOTAL			\$ 1350	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1350	