

BILLING ADDRESS
Name: SAAD DAEIBEL
Phone Number :
Bill Ref : HV2937
Date : 02-10-2026

عنوان المستلم
SAAD DAEIBEL: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
SAAD DAEIBEL	2	11-04-2025	19-04-2025	KUL-LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1078	\$ 2156
					TOTAL			\$ 2156		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 2156		