

BILLING ADDRESS
Name: KHALID AL ITBI
Phone Number :
Bill Ref : HV2960
Date : 02-10-2026

عنوان المستلم
KHALID AL ITBI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
KHALID AL ITBI	1	11-04-2025	19-04-2025	KUL- SABAH	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 0	\$ 0
						TOTAL			\$ 0	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 0	