

BILLING ADDRESS
Name: MOHAMMED ABDO
Phone Number :
Bill Ref : HV2993
Date : 31-07-2026

عنوان المستلم
MOHAMMED ABDO: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHAMMED ABDO	2	27-04-2025	05-05-2025	KUL-LGK	Nights: 8 Royal Signature Hotel	king	1	0	\$ 525	\$ 1050
					TOTAL			\$ 1050		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 1050		