

BILLING ADDRESS
Name: HALA ELEYYAN
Phone Number :
Bill Ref : HV3192
Date : 01-10-2026

عنوان المستلم
HALA ELEYYAN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
HALA ELEYYAN	1	14-05-2025	22-05-2025	KUL-LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 750	\$ 750
						TOTAL			\$ 750	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 750	