

BILLING ADDRESS
Name: AHMED SWAYEDI
Phone Number :
Bill Ref : HV3282
Date : 03-10-2026

عنوان المستلم
AHMED SWAYEDI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
AHMED SWAYEDI	2	06-06-2025	14-06-2025	KUL ONLY	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 400	\$ 800
						TOTAL			\$ 800	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 800	