

BILLING ADDRESS
Name: SADEDDIN AQQAD
Phone Number :
Bill Ref : HV3322
Date : 02-10-2026

عنوان المستلم
SADEDDIN AQQAD: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
SADEDDIN AQQAD	2	01-06-2025	09-06-2025	KUL LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 1000
						TOTAL			\$ 1000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1000	