

BILLING ADDRESS
Name: LOIY ABULAWI
Phone Number :
Bill Ref : HV3330
Date : 30-09-2026

عنوان المستلم
LOIY ABULAWI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
LOIY ABULAWI	2	27-05-2025	04-06-2025	KUL-LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 600	\$ 1200
						TOTAL			\$ 1200	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1200	