

BILLING ADDRESS
Name: HASANAIN FATAL
Phone Number :
Bill Ref : HV3425
Date : 02-10-2026

عنوان المستلم
HASANAIN FATAL: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
HASANAIN FATAL	2	06-06-2025	14-06-2025	KUL-LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 1000
طفل	1								\$ 150	\$ 150
						TOTAL			\$ 1150	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1150	