

BILLING ADDRESS
Name: KHADIDJA LABBANI
Phone Number :
Bill Ref : HV3496
Date : 29-09-2026

عنوان المستلم
KHADIDJA LABBANI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
KHADIDJA LABBANI	3	20-06-2025	29-06-2025	KUL-LGK	Nights: 9 BERJAYA TIME SQUARE	Studio	1	1	\$ 650	\$ 1950
للطفل	1								\$ 250	\$ 250
						TOTAL			\$ 2200	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2200	