

BILLING ADDRESS
Name: ZAHIA AOUATEF BOUHAFS
Phone Number :
Bill Ref : HV3501
Date : 30-09-2026

عنوان المستلم
ZAHIA AOUATEF BOUHAFS: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ZAHIA AOUATEF BOUHAFS	3	23-06-2025	01-07-2025	KUL-LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 1500
						TOTAL			\$ 1500	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1500	