

BILLING ADDRESS
Name: MAZIN ALASADI
Phone Number :
Bill Ref : HV3584
Date : 02-08-2026

عنوان المستلم
MAZIN ALASADI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MAZIN ALASADI	8	11-07-2025	19-07-2025	KUL-LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	2	0	\$ 1163	\$ 9304
اطفال	2								\$ 1045	\$ 2090
سيارة خاصة	1								\$ 500	\$ 500
					TOTAL			\$ 11894		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 11894		