

BILLING ADDRESS
Name: HUDA IBRAHIM
Phone Number :
Bill Ref : HV3619
Date : 31-07-2026

عنوان المستلم
HUDA IBRAHIM: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
HUDA IBRAHIM	1	18-07-2025	26-07-2025	KUL ONLY	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 400	\$ 400
						TOTAL			\$ 400	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 400	