

BILLING ADDRESS
Name: ABDALSHAFI ALSABATIN
Phone Number :
Bill Ref : HV3709
Date : 01-10-2026

عنوان المستلم
ABDALSHAFI ALSABATIN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ABDALSHAFI ALSABATIN	2	28-07-2025	05-08-2025	KUL-LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 540	\$ 1080
						TOTAL			\$ 1080	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1080	