

BILLING ADDRESS
Name: ABDULHUSSEIN AGELE
Phone Number :
Bill Ref : HV3835
Date : 02-10-2026

عنوان المستلم
ABDULHUSSEIN AGELE: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ABDULHUSSEIN AGELE	2	22-08-2025	30-08-2025	KUL-LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1175	\$ 2350
						TOTAL			\$ 2350	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2350	