

BILLING ADDRESS
Name: AMJED SAHIB
Phone Number :
Bill Ref : HV3873
Date : 03-10-2026

عنوان المستلم
AMJED SAHIB: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
AMJED SAHIB	4	05-09-2025	13-09-2025	KUL-LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	2	1	\$ 1176	\$ 4704
الطفل مع سرير	1								\$ 1050	\$ 1050
						TOTAL			\$ 5754	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 5754	