

BILLING ADDRESS
Name: MOAMEL AL ZUBAIDI
Phone Number :
Bill Ref : HV3973
Date : 30-09-2026

عنوان المستلم
MOAMEL AL ZUBAIDI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOAMEL AL ZUBAIDI	1	05-09-2025	13-09-2025	KUL ONLY	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1350	\$ 1350
						TOTAL			\$ 1350	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1350	