

BILLING ADDRESS
Name: GHAITH ABDULAMEER
Phone Number :
Bill Ref : HV3987
Date : 02-08-2026

عنوان المستلم
GHAITH ABDULAMEER: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
GHAITH ABDULAMEER	2	12-09-2025	20-09-2025	KUL-LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1200	\$ 2400
					TOTAL			\$ 2400		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 2400		