

BILLING ADDRESS
Name: IBRAHIM KHRAISAT
Phone Number :
Bill Ref : HV4021
Date : 30-09-2026

عنوان المستلم
IBRAHIM KHRAISAT: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
IBRAHIM KHRAISAT	2	09-09-2025	17-09-2025	KUL ONLY	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 400	\$ 800
						TOTAL			\$ 800	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 800	