

BILLING ADDRESS
Name: ABDEL RAHMAN ABED
Phone Number :
Bill Ref : HV4037
Date : 03-10-2026

عنوان المستلم
ABDEL RAHMAN ABED: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ABDEL RAHMAN ABED	6	12-09-2025	21-09-2025	KUL-LGK	Nights: 9 BERJAYA TIME SQUARE	Studio	3	0	\$ 550	\$ 3300
						TOTAL			\$ 3300	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 3300	