

BILLING ADDRESS
Name: ALI DHEYAULDEEN
Phone Number :
Bill Ref : HV4162
Date : 30-09-2026

عنوان المستلم
ALI DHEYAULDEEN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ALI DHEYAULDEEN	2	25-09-2025	04-10-2025	KUL-LGK	Nights: 9 BERJAYA TIME SQUARE	Studio	1	0	\$ 1500	\$ 3000
						TOTAL			\$ 3000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 3000	