

BILLING ADDRESS
Name: WAHEED DARWASH
Phone Number :
Bill Ref : HV4242
Date : 02-10-2026

عنوان المستلم
WAHEED DARWASH: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
WAHEED DARWASH	2	10-10-2025	18-10-2025	KUL-LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1188	\$ 2376
الطفل	1								\$ 1067	\$ 1067
						TOTAL			\$ 3443	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 3443	