

BILLING ADDRESS
Name: AMJAD THAHER
Phone Number :
Bill Ref : HV4455
Date : 30-09-2026

عنوان المستلم
AMJAD THAHER: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
AMJAD THAHER	2	04-11-2025	12-11-2025	KUL LAN GKAWI	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 1000
						TOTAL			\$ 1000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1000	