

BILLING ADDRESS
Name: MOHAMMED HAMAD
Phone Number :
Bill Ref : HV4570
Date : 03-08-2026

عنوان المستلم
MOHAMMED HAMAD: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHAMMED HAMAD	2	17-11-2025	25-11-2025	KUL LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 1000
						TOTAL			\$ 1000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1000	