

BILLING ADDRESS
Name: HASEN ALARWANI
Phone Number :
Bill Ref : HV4574
Date : 03-10-2026

عنوان المستلم
HASEN ALARWANI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
HASEN ALARWANI	2	08-12-2025	16-12-2025	Kul Igk	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 1000
						TOTAL			\$ 1000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1000	