

BILLING ADDRESS
Name: SULEEQ KHALED
Phone Number :
Bill Ref : HV4577
Date : 01-08-2026

عنوان المستلم
SULEEQ KHALED: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
SULEEQ KHALED	2	20-11-2025	27-11-2025	Kul Lgk	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 1000
						TOTAL			\$ 1000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1000	