

BILLING ADDRESS
Name: OMER IBRAHIM
Phone Number :
Bill Ref : HV4604
Date : 31-07-2026

عنوان المستلم
OMER IBRAHIM: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
OMER IBRAHIM	2	28-11-2025	06-12-2025	KUL LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 475	\$ 950
						TOTAL			\$ 950	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 950	