

BILLING ADDRESS
Name: MOHAMMED SHAHEEN
Phone Number :
Bill Ref : HV4606
Date : 01-10-2026

عنوان المستلم
MOHAMMED SHAHEEN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHAMMED SHAHEEN	2	22-11-2025	30-11-2025	KUL LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1035	\$ 2070
						TOTAL			\$ 2070	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2070	