

BILLING ADDRESS
Name: ALHASAN ALALI
Phone Number :
Bill Ref : HV4629
Date : 01-10-2026

عنوان المستلم
ALHASAN ALALI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ALHASAN ALALI	2	15-12-2025	23-12-2025	KUL LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 550	\$ 1100
						TOTAL			\$ 1100	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1100	