

BILLING ADDRESS
Name: NADER KADHIM
Phone Number :
Bill Ref : HV4719
Date : 02-10-2026

عنوان المستلم
NADER KADHIM: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
NADER KADHIM	1	12-12-2025	20-12-2025	KUL	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 400	\$ 400
						TOTAL			\$ 400	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 400	