

BILLING ADDRESS
Name: EITHAR BESHTAWI
Phone Number :
Bill Ref : HV4770
Date : 01-10-2026

عنوان المستلم
EITHAR BESHTAWI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
EITHAR BESHTAWI	1	12-01-2026	22-01-2026	KUL PEN	Nights: 10 BERJAYA TIME SQUARE	Studio	1	0	\$ 975	\$ 975
						TOTAL			\$ 975	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 975	