

BILLING ADDRESS
Name: SALEH MAHMOUD
Phone Number :
Bill Ref : HV4822
Date : 01-08-2026

عنوان المستلم
SALEH MAHMOUD: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
SALEH MAHMOUD	3	02-01-2026	10-01-2026	KUL LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	1	\$ 1275	\$ 3825
طفل بدون سرير	1								\$ 925	\$ 925
						TOTAL			\$ 4750	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 4750	