

BILLING ADDRESS
Name: Abdel wahab izghaibi
Phone Number :
Bill Ref : HV4827
Date : 01-10-2026

عنوان المستلم
Abdel wahab izghaibi: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
Abdel wahab izghaibi	2	23-01-2026	31-01-2026	KUL LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	2	0	\$ 500	\$ 1000
						TOTAL			\$ 1000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1000	