

BILLING ADDRESS
Name: Hudhaifa Alobaidi
Phone Number :
Bill Ref : HV4926
Date : 02-10-2026

عنوان المستلم
Hudhaifa Alobaidi: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
Hudhaifa Alobaidi	2	16-01-2026	24-01-2026	Kul Lgk	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1250	\$ 2500
TOTAL									\$ 2500	
PAYMENT									\$ 0	
OUTSTANDING									\$ 2500	