

BILLING ADDRESS
Name: HUSSEIN SABAH
Phone Number :
Bill Ref : HV4993
Date : 31-07-2026

عنوان المستلم
HUSSEIN SABAH: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
HUSSEIN SABAH	2	01-02-2026	07-02-2026	KUL LGK	Nights: 6 BERJAYA TIME SQUARE	Studio	1	0	\$ 475	\$ 950
						TOTAL			\$ 950	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 950	