

BILLING ADDRESS
Name: MOHANAD HABEEB
Phone Number :
Bill Ref : HV5024
Date : 03-10-2026

عنوان المستلم
MOHANAD HABEEB: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHANAD HABEEB	2	06-02-2026	14-02-2026	KUL ONLY	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1095	\$ 2190
						TOTAL			\$ 2190	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2190	