

BILLING ADDRESS
Name: MUSTAFA ALBANNA
Phone Number :
Bill Ref : HV5036
Date : 03-10-2026

عنوان المستلم
MUSTAFA ALBANNA: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MUSTAFA ALBANNA	3	30-01-2026	06-02-2026	KUL LGK	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 1214	\$ 3642
						TOTAL			\$ 3642	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 3642	