

BILLING ADDRESS
Name: HAITHAM AL SHIBLAWI
Phone Number :
Bill Ref : HV5040
Date : 31-07-2026

عنوان المستلم
HAITHAM AL SHIBLAWI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
HAITHAM AL SHIBLAWI	4	06-02-2026	14-02-2026	KUL LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	2	0	\$ 1200	\$ 4800
طفل	2								\$ 900	\$ 1800
رضيع	1								\$ 700	\$ 700
						TOTAL			\$ 7300	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 7300	