

BILLING ADDRESS
Name: MOHAMMED AL RAWE
Phone Number :
Bill Ref : HV5044
Date : 29-09-2026

عنوان المستلم
MOHAMMED AL RAWE: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
MOHAMMED AL RAWE	2	30-01-2026	07-02-2026	KUL LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 525	\$ 1050
					TOTAL			\$ 1050		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 1050		