

BILLING ADDRESS
Name: THAER ABED
Phone Number :
Bill Ref : HV5052
Date : 31-07-2026

عنوان المستلم
THAER ABED: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
THAER ABED	3	30-01-2026	07-02-2026	KUL LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	1	\$ 525	\$ 1575
						TOTAL			\$ 1575	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1575	