

BILLING ADDRESS
Name: IBRAHIM ALHILALI
Phone Number :
Bill Ref : HV5068
Date : 30-09-2026

عنوان المستلم
IBRAHIM ALHILALI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
IBRAHIM ALHILALI	2	30-01-2026	07-02-2026	KUL LGK	Nights: 8 ROYAL SIGNATURE	STUDI O	1	0	\$ 1350	\$ 2700
					TOTAL			\$ 2700		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 2700		