

BILLING ADDRESS
Name: KHALID ALSAGBAN
Phone Number :
Bill Ref : HV5074
Date : 29-09-2026

عنوان المستلم
KHALID ALSAGBAN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
KHALID ALSAGBAN	1	12-02-2026	20-02-2026	KUL LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 800	\$ 800
						TOTAL			\$ 800	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 800	