

BILLING ADDRESS  
Name: FATYAN ALJUHAISHI  
Phone Number :  
Bill Ref : HV5096  
Date : 01-10-2026

عنوان المستلم  
FATYAN ALJUHAISHI: الاسم

## Invoice / فاتورة

| Name              | Adult | Checkin    | Checkout   | Package | Hotel                               | R-<br>Type | R-<br>Qty | Extra<br>bed | Fees    | Total   |
|-------------------|-------|------------|------------|---------|-------------------------------------|------------|-----------|--------------|---------|---------|
| FATYAN ALJUHAISHI | 2     | 13-02-2026 | 21-02-2026 | KUL LGK | Nights: 8<br>BERJAYA TIME<br>SQUARE | Studio     | 1         | 0            | \$ 1250 | \$ 2500 |
| TOTAL             |       |            |            |         |                                     |            |           |              | \$ 2500 |         |
| PAYMENT           |       |            |            |         |                                     |            |           |              | \$ 0    |         |
| OUTSTANDING       |       |            |            |         |                                     |            |           |              | \$ 2500 |         |