

BILLING ADDRESS
Name: MUSTAFA NOORI
Phone Number :
Bill Ref : HV5103
Date : 30-09-2026

عنوان المستلم
MUSTAFA NOORI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MUSTAFA NOORI	1	13-02-2026	21-02-2026	KUL LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 800	\$ 800
						TOTAL			\$ 800	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 800	