

BILLING ADDRESS
Name: MUAYAD AL KHAZRAJI
Phone Number :
Bill Ref : HV2499
Date : 30-07-2026

عنوان المستلم
MUAYAD AL KHAZRAJI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MUAYAD AL KHAZRAJI	2	24-01-2025	01-02-2025	KUL- LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1140	\$ 2280
						TOTAL			\$ 2280	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2280	