

BILLING ADDRESS
Name: MOHAMMED HUSSEIN
Phone Number :
Bill Ref : HV2573
Date : 02-10-2026

عنوان المستلم
MOHAMMED HUSSEIN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHAMMED HUSSEIN	2	09-02-2025	17-02-2025	KUL-LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 1000
طفل	1								\$ 150	\$ 150
رضيع	1								\$ 50	\$ 50
						TOTAL			\$ 1200	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1200	