

BILLING ADDRESS
Name: ADEL ALSAYED
Phone Number :
Bill Ref : HV2836
Date : 03-10-2026

عنوان المستلم
ADEL ALSAYED: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
ADEL ALSAYED	2	01-06-2025	15-06-2025	KUL-LGK-BALI	Nights: 14 BERJAYA TIME SQUARE	Studio	1	0	\$ 1750	\$ 3500
					TOTAL			\$ 3500		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 3500		