

BILLING ADDRESS
Name: AHMED MOKRESH
Phone Number :
Bill Ref : HV2996
Date : 02-10-2026

عنوان المستلم
AHMED MOKRESH: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
AHMED MOKRESH	2	18-04-2025	27-04-2025	KUL-PEN- LGK	Nights: 9 BERJAYA TIME SQUARE	Studio	1	0	\$ 900	\$ 1800
						TOTAL			\$ 1800	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1800	