

BILLING ADDRESS
Name: AHMED ARABYAT
Phone Number :
Bill Ref : HV3246
Date : 01-10-2026

عنوان المستلم
AHMED ARABYAT: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
AHMED ARABYAT	2	17-05-2025	22-05-2025	KUL ONLY	Nights: 5 BERJAYA TIME SQUARE	Studio	1	0	\$ 600	\$ 1200
					TOTAL			\$ 1200		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 1200		