

BILLING ADDRESS
Name: AHMAD SHAMOUT
Phone Number :
Bill Ref : HV3323
Date : 01-10-2026

عنوان المستلم
AHMAD SHAMOUT: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
AHMAD SHAMOUT	3	02-06-2025	10-06-2025	KUL -LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	2	0	\$ 1650	\$ 4950
						TOTAL			\$ 4950	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 4950	