

BILLING ADDRESS
Name: HIWA OTHMAN
Phone Number :
Bill Ref : HV3389
Date : 30-09-2026

عنوان المستلم
HIWA OTHMAN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
HIWA OTHMAN	2	04-06-2025	12-06-2025	KUL-LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 1000
						TOTAL			\$ 1000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1000	