

BILLING ADDRESS
Name: WAAD ABDULHADI
Phone Number :
Bill Ref : HV3420
Date : 02-10-2026

عنوان المستلم
WAAD ABDULHADI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
WAAD ABDULHADI	2	07-06-2025	16-06-2025	KUL-LGK	Nights: 9 BERJAYA TIME SQUARE	CLUB ROOM	1	0	\$ 585	\$ 1170
						TOTAL			\$ 1170	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1170	