

BILLING ADDRESS
Name: MOHAMMAD ALHARIRI
Phone Number :
Bill Ref : HV3464
Date : 01-10-2026

عنوان المستلم
MOHAMMAD ALHARIRI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MOHAMMAD ALHARIRI	2	13-06-2025	18-06-2025	KUL-LGK	Nights: 5 BERJAYA TIME SQUARE	Studio	1	0	\$ 425	\$ 850
						TOTAL			\$ 850	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 850	