

BILLING ADDRESS
Name: JAMAL ALHALAWANI
Phone Number :
Bill Ref : HV3465
Date : 30-09-2026

عنوان المستلم
JAMAL ALHALAWANI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
JAMAL ALHALAWANI	3	14-06-2025	29-06-2025	KUL-LGK	Nights: 15 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 1500
						TOTAL			\$ 1500	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1500	