

BILLING ADDRESS
Name: ALI MOHAMMED ALI
Phone Number :
Bill Ref : HV3545
Date : 03-10-2026

عنوان المستلم
ALI MOHAMMED ALI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ALI MOHAMMED ALI	3	04-07-2025	12-07-2025	KUL-LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1176	\$ 3528
الطفل	1								\$ 1056	\$ 1056
						TOTAL			\$ 4584	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 4584	