BILLING ADDRESS
Name: KABAN MOHAMMED,ZHYAR AHMED JABA
Phone Number :
Bill Ref : HV3683
Date : 29-11-2026

عنوان المستلم
الاسم: KABAN MOHAMMED,ZHYAR AHMED JABA

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
KABAN MOHAMMED,ZHYAR AHMED JABA	2	25-07-2025	02-08-2025	KUL-LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	$ 1225	$ 2450

	TOTAL	$ 2450
	PAYMENT	$ 0
	OUTSTANDING	$ 2450