

BILLING ADDRESS
Name: SAADI AL BEHADILI
Phone Number :
Bill Ref : HV3708
Date : 01-10-2026

عنوان المستلم
SAADI AL BEHADILI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
SAADI AL BEHADILI	6	25-07-2025	06-08-2025	KUL-LGK	Nights: 12 Royal signature hotel	T	3	0	\$ 500	\$ 3000
					TOTAL			\$ 3000		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 3000		