

BILLING ADDRESS
Name: SAIF DHAHIR
Phone Number :
Bill Ref : HV3940
Date : 01-10-2026

عنوان المستلم
SAIF DHAHIR: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
SAIF DHAHIR	3	29-08-2025	06-09-2025	KUL-LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1189	\$ 3567
TOTAL									\$ 3567	
PAYMENT									\$ 0	
OUTSTANDING									\$ 3567	