

BILLING ADDRESS
Name: WAJDI ALAMMOURI
Phone Number :
Bill Ref : HV3957
Date : 01-10-2026

عنوان المستلم
WAJDI ALAMMOURI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
WAJDI ALAMMOURI	2	30-08-2025	06-09-2025	KUL-LGK	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 475	\$ 950
						TOTAL			\$ 950	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 950	