

BILLING ADDRESS
Name: HAYDER AL SHARIFI
Phone Number :
Bill Ref : HV4016
Date : 31-07-2026

عنوان المستلم
HAYDER AL SHARIFI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
HAYDER AL SHARIFI	2	12-09-2025	20-09-2025	KUL-LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1214	\$ 2428
						TOTAL			\$ 2428	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2428	