

BILLING ADDRESS
Name: WALID ALROUSAN
Phone Number :
Bill Ref : HV4036
Date : 30-09-2026

عنوان المستلم
WALID ALROUSAN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
WALID ALROUSAN	6	13-09-2025	21-09-2025	KUL-LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	3	0	\$ 500	\$ 3000
						TOTAL			\$ 3000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 3000	