

BILLING ADDRESS
Name: SAIF AL GAILANI
Phone Number :
Bill Ref : HV4045
Date : 01-10-2026

عنوان المستلم
SAIF AL GAILANI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
SAIF AL GAILANI	4	12-09-2025	20-09-2025	KUL-LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	2	0	\$ 1325	\$ 5300
						TOTAL			\$ 5300	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 5300	