

BILLING ADDRESS
Name: LAITH AL TABAR
Phone Number :
Bill Ref : HV4069
Date : 30-09-2026

عنوان المستلم
LAITH AL TABAR: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
LAITH AL TABAR	2	15-09-2025	22-09-2025	KUL-LGK	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 425	\$ 850
						TOTAL			\$ 850	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 850	