

BILLING ADDRESS
Name: LAITH ALHAJAJ
Phone Number :
Bill Ref : HV4103
Date : 30-09-2026

عنوان المستلم
LAITH ALHAJAJ: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
LAITH ALHAJAJ	2	24-09-2025	28-09-2025	KUL ONLY	Nights: 4 BERJAYA TIME SQUARE	Studio	1	0	\$ 600	\$ 1200
						TOTAL			\$ 1200	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1200	