

BILLING ADDRESS
Name: AHMED HASAN
Phone Number :
Bill Ref : HV4173
Date : 30-07-2026

عنوان المستلم
AHMED HASAN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
AHMED HASAN	2	26-09-2025	04-10-2025	KUL ONLY	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1045	\$ 2090
					TOTAL			\$ 2090		
					PAYMENT			\$ 0		
					OUTSTANDING			\$ 2090		