

BILLING ADDRESS
Name: IBRAHIM ALSOULIMAN
Phone Number :
Bill Ref : HV4193
Date : 01-10-2026

عنوان المستلم
IBRAHIM ALSOULIMAN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
IBRAHIM ALSOULIMAN	4	30-09-2025	08-10-2025	KUL-LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	2	0	\$ 500	\$ 2000
						TOTAL			\$ 2000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2000	