

BILLING ADDRESS
Name: MAJED SULEIMAN
Phone Number :
Bill Ref : HV4194
Date : 30-09-2026

عنوان المستلم
MAJED SULEIMAN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
MAJED SULEIMAN	1	23-09-2025	01-09-2025	KUL-LGK	Nights: 22 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 500
						TOTAL			\$ 500	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 500	