

BILLING ADDRESS
Name: RAVAND DOSKI
Phone Number :
Bill Ref : HV4195
Date : 02-10-2026

عنوان المستلم
RAVAND DOSKI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R-Type	R-Qty	Extra bed	Fees	Total
RAVAND DOSKI	2	04-10-2025	14-10-2025	KUL-LGK	Nights: 10 BERJAYA TIME SQUARE	Studio	1	1	\$ 600	\$ 1200
CHD XTRA ED	1								\$ 500	\$ 500
CHD W OUT BED	1								\$ 200	\$ 200
						TOTAL			\$ 1900	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1900	