

BILLING ADDRESS
Name: NIHAD HASAN
Phone Number :
Bill Ref : HV4205
Date : 01-10-2026

عنوان المستلم
NIHAD HASAN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
NIHAD HASAN	1	03-10-2025	11-10-2025	KUL-THAI	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1700	\$ 1700
						TOTAL			\$ 1700	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1700	