

BILLING ADDRESS
Name: OSAMAH AL JABRI
Phone Number :
Bill Ref : HV4223
Date : 01-10-2026

عنوان المستلم
OSAMAH AL JABRI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
OSAMAH AL JABRI	2	04-10-2025	12-10-2025	KUL-LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 1000
						TOTAL			\$ 1000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1000	