

BILLING ADDRESS
Name: ALI ALSHAIBANI
Phone Number :
Bill Ref : HV4286
Date : 02-10-2026

عنوان المستلم
ALI ALSHAIBANI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
ALI ALSHAIBANI	2	17-10-2025	25-10-2025	KUL LAN GKAWI	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1164	\$ 2328
						TOTAL			\$ 2328	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2328	