

BILLING ADDRESS
Name: KHALID AL HASHIMI
Phone Number :
Bill Ref : HV4700
Date : 29-09-2026

عنوان المستلم
KHALID AL HASHIMI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
KHALID AL HASHIMI	2	02-01-2026	10-01-2026	KUL LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 1164	\$ 2328
						TOTAL			\$ 2328	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2328	