

BILLING ADDRESS
Name: HASAN AL OBAIDI
Phone Number :
Bill Ref : HV4765
Date : 31-07-2026

عنوان المستلم
HASAN AL OBAIDI: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
HASAN AL OBAIDI	2	26-12-2025	03-01-2026	KUL LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 500	\$ 1000
						TOTAL			\$ 1000	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1000	