

BILLING ADDRESS
Name: AWAIS QASHER
Phone Number :
Bill Ref : HV4819
Date : 30-09-2026

عنوان المستلم
AWAIS QASHER: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
AWAIS QASHER	2	25-12-2025	01-01-2026	KUL LGK	Nights: 7 BERJAYA TIME SQUARE	Studio	1	0	\$ 1050	\$ 2100
						TOTAL			\$ 2100	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 2100	