

BILLING ADDRESS
Name: KHALID SHAHEEN
Phone Number :
Bill Ref : HV4996
Date : 30-09-2026

عنوان المستلم
KHALID SHAHEEN: الاسم

Invoice / فاتورة

Name	Adult	Checkin	Checkout	Package	Hotel	R- Type	R- Qty	Extra bed	Fees	Total
KHALID SHAHEEN	2	28-01-2026	05-02-2026	KUL LGK	Nights: 8 BERJAYA TIME SQUARE	Studio	1	0	\$ 550	\$ 1100
						TOTAL			\$ 1100	
						PAYMENT			\$ 0	
						OUTSTANDING			\$ 1100	